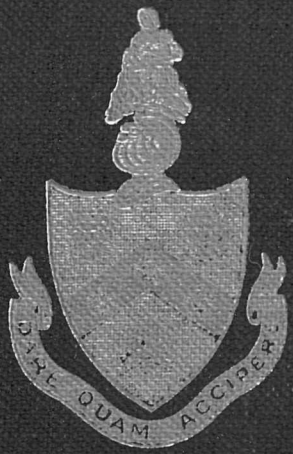
GUY'S HOSPITAL GAZETTE

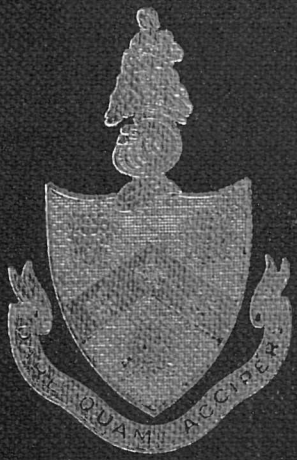
NEW SERIES

VOL. 88

1974



Guy's Hospital Gazette.



Guy's Hospital Gazette.

THE WILLS LIBRARY
GUY'S HOSPITAL MEDICAL SCHOOL

GUY'S HOSPITAL GAZETTE

VOL. LXXXVIII

1974

INDEX

C—Correspondence P—Passim R—Review

A

ACCIDENT AND EMERGENCY DEPARTMENT SURVEY, 20 (C)
ACCOMMODATION OFFICE: Guy's Hospital Group, 33
ADAMS, P. J. Youth work [at Caius House, Battersea], 22 (C)
ADAMS, P. N. *and others*. A survey on patient delay in out-patients, 211
ADRIAN STOKES MEMORIAL FELLOWSHIP, 116
ALFRED RYCROFT SCHOLARSHIP, 6, 39, 95, 371
The ancillary workers' dispute—an alternative approach (R. Stott), 238, 315 (C)
ANDERSON, J. A. D.: Appointed Reader in Community Medicine, 251
ANNUAL DENTAL CLINICAL MEETING, 4, 63

APPOINTMENTS
- Beckenham Hospital: House appointments, 202, 245, 370
- Evelina Hospital: House appointments, 202, 245
- Greenwich District Hospital: House appointments, 202, 245, 370
- Guy's Hospital: Dental H.S. 52
  House appointments, 201, 244, 326, 369
- Hither Green Hospital: House appointments, 203, 245, 370
- Lewisham Hospital: House appointments, 203, 245, 370
- Miller Hospital: House appointments, 203, 245, 370
- New Cross Hospital: House appointments, 202, 245, 370
- Orpington Hospital: House appointments, 203, 246, 370
- Pembury Hospital: House appointments, 203, 246, 370
- St. Helen's Hospital, Hastings: House appointments, 203, 246, 370
- St. Nicholas' Hospital, Plumstead: House appointments, 203, 246, 370
- St. Olave's Hospital: House appointments, 202, 245, 370

APPOINTMENTS VACANT
- Associate Medical Clinic, Prince Albert, Saskatchewan:
  Obstetrician-gynaecologist, 91
- Beckenham Hospital: House appointments, 26, 199
- Bexhill Hospital: Geriatric Unit and Day Hospital: Team appointments, 91
- Bexley Hospital: Psychiatry: Registrar, 143
- Brighton and Lewes Group: Anaesthetics: Registrar, 143
  Paediatrics: Registrar, 143
- Evelina Children's Hospital: House officer, 25
  H.P. 26, 115
  Paediatric casualty officer (S.H.O. grade), 27, 200
  Paediatric H.P. (Resident), 200
- Greenwich District Hospital: House appointments, 26, 114, 199
- Guy's Hospital: Anaesthetics: Registrar, 143; S.H.O. 26, 115, 200; Senior registrars, 71
  Cardiology: Junior registrar, 143
  Casualty officers (Resident) (S.H.O. grade), 26, 200
  Child Psychiatry: Registrar, 143; S.H.O. 115
  Children's Dentistry: Senior dental house officers, 222
  Clinical Pathology: Junior registrar, 143; Registrar, 115, 143
  Conservative Dental Surgery: Registrar, 25
  Dental house appointments, 222
  Dermatology: Locum registrar, 26; Registrar, 26, 143; S.H.O. (Resident), 27, 201
  Diagnostic Radiology: Registrar, 91, 143; Trainee registrar, 26, 91, 143
  Ear, Nose and Throat Surgery: Registrar, 25, 143
  House appointments, 26, 114, 199
  Medicine: Junior registrar, 143; Registrar, 143
  Neurology: S.H.O. (Resident), 27, 201
  Nuffield House: S.H.O. 27, 115, 200, 201
  Nurses' Health Service: Nursing appointments, 222
  Obstetrics and Gynaecology: Registrar, 143; Resident S.H.O. 27, 115, 200
  Ophthalmology: Junior registrar, 143
  Oral Surgery: Senior dental house officers, 222
  Orthopaedics: Registrar, 143
  Orthopaedics and Casualty: Registrar, 143
  Paediatrics: H.P. 27, 115, 200
  Psychological Medicine: Registrar, 143; Resident S.H.O. 27, 201
  Radiotherapy: Registrar, 143
  Renal and Transplant Units: S.H.O. (Medical), 27, 115, 200
  Rheumatology: Registrar, 143
  Surgery: Junior registrar, 115, 143; Registrars, 143
  Thoracic Surgery: Locum senior registrar, 201; Registrar, 143; S.H.O. 27, 200
  Urology: Senior registrar, 71
- Guy's Hospital, the Hospital for Sick Children, Great Ormond Street, and S.E.M.R.H.B.: General Surgery: Registrars, 25
- Guy's, Maudsley and King's College Hospitals: Neurosurgical Unit: S.H.O. 415
- Guy's, Maudsley, King's College Hospitals and the S.E. Thames R.H.A.: Neurosurgery: Senior registrar, 331
- Guy's Hospital and S.E.M.R.H.B.: Anaesthetics: Senior registrars, 25, 72, 201
  Psychiatry: Registrar, 51, 72
  Psychological Medicine: Senior registrar, 91
  Thoracic and Cardiovascular Surgery: Locum senior registrar or Registrar, 25
- Guy's Hospital, St. Thomas's Hospital and the S.E. Thames R.H.A. (Brook Hospital): Thoracic Surgery: Senior registrar, 201
- Guy's Hospital Dental School: Conservative Dental Surgery: Lecturer, 175
  Orthodontics and Dentistry for Children: Lecturer, 175
- Guy's Hospital Medical School: Department of Medicine: Junior lecturer, 199
  Department of Physiology: Lecturer, 115
- Guy's Hospital Medical School and S.E.M.R.H.B.: Vocational training scheme for general practice, 71
- Hither Green Hospital: House appointments, 26, 114, 199
- Lewisham Hospital: House appointments, 26 115, 199
- Miller Hospital: House appointments, 26, 115, 199
- New Cross Hospital: House appointments, 26, 114 199
  Poisons Unit: Clinical assistant, part-time, 51
  Rheumatology and Rehabilitation Unit: S.H.O (Resident), 27, 200
- Orpington Hospital: House appointments, 199

Pembury Hospital: House appointments, 26, 115, 199
St. Helen's Hospital, Hastings: House appointments, 26, 114, 199
St Nicholas' Hospital, Plumstead: House appointments, 115
St. Olave's Hospital: Gynaecology: S.H.O. (Resident), 27, 200
House appointments, 26, 114
Nurses' Health Service: Part-time sister, 276
Pathology: S.H.O. 72
Psychological Medicine: Locum senior registrar, 25; Registrar, 143, 201; S.H.O. (Resident), 27, 200
ARTHRITIS RESEARCH UNIT. *See* Guy's Arthritis Research Unit
ARUSTU, J. H. Population conference, 271 (C)
ASTLEY COOPER STUDENTSHIP, 71
ATHLETICS CLUB: Inter-hospitals championships, 196
AUDY, J. R.: Memorial fund, 210
obituary, 209
The sugar-chuff and singing sands, 108 (C)

B

B.Sc. SOCIETY: Dinner, 9, 335
BADMINTON CLUB, 150
formation, 77
BAILEY, Jane. Sexology, 87 (C)
and FINE, D. R. No time for Summer [Ancillary workers' dispute], 241 (C)
BAIRD, H. M., LEWIS, E. C. *and* THOMAS, I. B. Biennial dinner, 316 (C)
BAKER, A. W. M.: Awarded M.B.E., 76
BALEAN, O. B. Psychiatry at Guy's, 393 (C)
BARNES, T.: Appreciation, 300
BARWELL, N.: Consultant appointment, 207
BAX, M.: Appreciation, 8
BEANEY SCHOLARSHIP IN MATERIA MEDICA, 116
BEARD, R. Cambridge Graduates' Medical Club, 69 (C)
BIENNIAL DINNER, 35, 183, 206, 316 (C), 342, 360 (C), 391 (C)
BIOLOGICAL SCIENCES DIVISION, GUY'S HOSPITAL MEDICAL SCHOOL:
Open day, 183
BIOMEDICAL ENGINEERING EXHIBITION, 229
lectures, 182
BIRTHS, 28, 52, 72, 92, 117, 144, 176, 248, 331, 370
BLUES COMMITTEE: Awards, 138, 195, 402
election, 325
BOAT CLUB
Bedford Head of the River, 111
Ladies' boat club, 402
Oxford to London rowing marathon, 105, 147, 159
Reading Head of the River, 111
United Hospitals' bumping races, 324
University of London Head of the River, 112
University of London Summer regatta, 324
v. the Beers XV, 49
BONSOR, *Sir* Cosmo *and Lady* Mabel. SCHOLARSHIP. *See* Sir Cosmo and Lady Mabel Bonsor scholarship, 370
BOURNE, M.: Guy's Hospital Gazette editorial appointment, 278
BOURNE, M. G. *Primary health care teams*: a review of the British Medical Association's report, 291 (R)
HANDLER, C. E. *and* QUYYUMI, A. A. Hormones in pregnancy, 302
BOURNEMOUTH AND WESSEX GUY'S HOSPITAL SOCIETY, 128, 335
BOWNE, Rita: Death, 391 (C)
BRAIMBRIDGE, M. V. *See* FLEMING, J. S. *and* BRAIMBRIDGE, M. V., 362 (R)
BRAUNWALD, E. *editor. The myocardium—failure and infarction*, 273 (R)
BRITISH DENTAL HEALTH FOUNDATION: Annual general meeting, 335
BRITISH LIMBLESS EX-SERVICE MEN'S ASSOCIATION: House of Commons motion to retain invalid vehicles, 229
BRITISH MEDICAL ASSOCIATION: Annual lecture, 344 (R)
Primary health care teams, 291 (R)
BRITISH MEDICAL STUDENTS' ASSOCIATION: Dissolution, 132
BRITISH POSTGRADUATE MEDICAL FEDERATION: Paediatrics course, 33, 254
BRITISH RAILWAYS: Industrial action. Reimbursement of staff for travelling expenses, 33
BRITISH TAY-SACHS FOUNDATION: Lecture, 336
BROADBENT, Pat. [The psychiatric casualty], 218 (C)
BROCK, *Lord*: Elected Honorary Member of the All-Union Society of Surgeons of Russia, 179
BROOMHEAD, I. W. Thumbs up for toe transplants, 358 (C)
BULLOCK, K. N.: Resignation as Assistant Editor, Guy's Hospital Gazette, 76
BURKITT, D. P. *Some diseases related to fibre-depleted diets*: annual B.M.A. lecture, 344 (R)
BURRY, H. Personal vendetta? Censorship? or Paranoia? 84 (C)
R.F.C. censorship, 137 (C)
BURTON, J. L. *Aids to undergraduate medicine*, 241 (R)

C

CADMAN, A. E.: Appointed Director, Naval Defence Services, 76
promotion to Surgeon Rear Admiral, 76
CAIUS HOUSE
Youth work (P. J. Adams), 22 (C)
CALNE, R. Y.: Elected Fellow of the Royal Society, 122
CAMBRIDGE GRADUATES' MEDICAL CLUB, 69 (C)
CAMBRIDGE UNIVERSITY: Pass lists: M.B., B.Ch. 51, 222
D.M. 276
CAMERON, J. S.: Appointed to chair in Renal Medicine, 179
CAPE, Barbara F. *and* DOBSON, Pamela, *editors. Bailliere's Nurses' dictionary*, 396 (R)
CARRUTHERS, L. Jane. Come "back to nursing" at Guy's, 217
CARUTH, J. A. S.: Consultant appointment, 279
CASUALTY DEPARTMENT. *See* Accident and Emergency Department
CHALLACOMBE, S. J. R.F.C. censorship, 136 (C)
CHANGES OF ADDRESS, 28, 52, 72, 92, 144, 176, 204, 224, 248, 332, 370, 415
CHAPEL: Annual Hospital service, 254
CHAPEL, J. [Naming areas in the Tower], 218 (C)
CHARTERED SOCIETY OF PHYSIOTHERAPY: Pass lists, 92, 204, 246, 415
CHILD, J. A.: Consultant appointment, 95
Christmas in the wards: one hundred years ago, 407
CHRISTMAS PANTOMIME, 1973, 23 (C)

CLARKE, *Sir* C.: Admitted to honorary fellowship of the Royal College of Physicians of Ireland, 247
awarded K.B.E. 76
University lecture, *Genetics for doctors*, 179
CLERY, J. V.: Consultant appointment, 207
CLUBS' UNION: Council, 55
finances, 53 (P)
general meeting, 1 (P), 147
presidential elections, 35
COGSWELL, J. J. Smoking in hospital, 16
COLTART, T. M.: Appointed Director of the Department of Obstetrics and Gynaecology, 207
Hormones in pregnancy, 391 (C)
[Revision course in obstetrics and gynaecology], 84 (C)
COMMUNITY ACTION GROUP, 279
CONJOINT BOARD: Pass lists: L.R.C.P., M.R.C.S. 91, 175. 247
CONTROVERSY in internal medicine II. Edited by Ingelfinger, Ebert, Finland and Relman, 318 (R)
CONWAY, N. *A pocket atlas of arrythmias*, 242 (R)
COOK, A. R.F.C. censorship, 136 (C)
COOK, A. W.: Elected Fellow of the Royal College of General Practitioners, 227
COOK, C. A. G.: Appreciation, 299
Cook's pathology (Jane M. Fullerton), 239
COOPER, Astley, STUDENTSHIP, 71
COOPER, R J. The remedial professions, 60
COX, R.: Awarded Royal Humane Society bronze medal and certificate, 4
CRICKET CLUB
Sussex tour 1974, 243
v. Ashstead, 173
v. Beckenham, 172
v. Horsham, 172
v. London Hospital 1st XI, 173
v. Templesheen Eccentrics, 172
CROOK, J. C.: Appointed to joint Chair of Pathology, Royal Army Medical College, Millbank, 77
CROWE, M. G. F. [Accident and Emergency Department survey], 20 (C)
CRUMP, A. C.: Appointed Senior Nursing Officer, Paediatric Area, 95
CULLING, C. F. A. *Handbook of histopathological and histochemical techniques*, 363 (R)
Modern microscopy, 317 (R)
CUNLIFFE LABORATORIES, 12
CURLEY, J. P.: Appointed Acting Hospital Secretary, 76

D

DAVIES, G. L. Old age, 264
Smoking in hospital, 68 (C)
DAVIES, J. E. Censorship [Guy's R.F.C. Past and Present reunion], 85 (C)
DEATHS, 5, 35, 55, 92, 149, 204, 224, 248, 251, 279, 332, 391 (C)
DEELEY, T. J. *The chest*. (Monographs on oncology), 395 (R)
DENTAL BALL, 237, 250, 272 (C)
DENTAL SCHOOL. *See* Guy's Hospital Dental School
DESIGN COUNCIL: Awards for medical equipment, 230
DIAGNOSTIC INSTRUMENT "PACKAGE DEALS": Raymed Division of Charles F. Thackery Ltd., 227
DIAMOND, J.: Consultant appointment, 375
DIXON, Eileen, [Shortage of laundry], 272 (C)
DOBSON, Pamela, *See* CAPE, Barbara F. *and* DOBSON, Pamela, 396 (R)
DR. JAMES LEIGHTON HOPKINS TRAVELLING SCHOLARSHIP, 116
DOUTHWAITE, A.: Obituary, 290
DOWSETT, Gillian: Awarded distinction and gold medal by Examining Board for Dental Surgery Assistants, 77
DOYLE, A. E. *See* LOVELL, R.R.H. *and* DOYLE, A. E. 363 (R)
DRAPERS' COMPANY: Grant for overseas electives, 207
DUFFIELD, Mary: Awarded Hospital Savings Association scholarship for a Diploma in Nursing, 147
DUPONT, C. P. A. *The management of common skin diseases*, 316 (R)

E

EARNSHAW, G. Rugby Club balls, 69 (C)
EAST ANGLIAN GUY'S HOSPITAL SOCIETY: Dinner, 109
ELECTIVES: Drapers' Company grant for overseas electives, 207;
overseas students at Guy's, 227
ELEKTRA of the York Clinic: Death (Anne O'Donovan), 391 (C)
ENGAGEMENTS, 248, 331, 370
Ethics and effects (G. Robbins), 355
EVANS, S. Guy's social life [Freshers' edition], 289

F

FAULKNER, M.: Awarded Fraser Rose gold medal in M.R.C.G.P. examination, 251
FAWCUS, R A.: Death, 252
FEDERATION DENTAIRE INTERNATIONALE: 62nd annual World Dental Congress, 35
FELLOWSHIPS: Adrian Stokes memorial fellowship, 116
Hilda and Ronald Poulton fellowship, 116
Sir Alfred Fripp memorial fellowship, 116
FENN, H. R. B.: Death, 55
memorial service, 76
obituary, 59
FINE, D. R. I spy strangers! [Freshers' edition], 289
Students and the N.H.S. crisis, 225 (P)
See also BAILEY, Jane *and* FINE, D. R., 241 (C)
FITZPATRICK, K.: Awarded *Lancet* trophy [for photography] 1973, 55
FLEMING, J. S. *and* BRAIMBRIDGE, M. V. *Lecture notes on cardiology*, 362 (R)
FORREST, W. I. N. Speaking up for the ancillaries, 315 (C)
FORTY, A. A.: Death, 5
FOX, J. E. M. [Obstetric and gynaecological] course's revision, 69 (C)
FRESHERS, 277 (P)
freshers' week programme, 268
FRIENDS OF GUY'S HOSPITAL, 97
FRIPP, *Sir* Alfred, MEMORIAL FELLOWSHIP, 116
FULLERTON, Jane M. Cook's pathology, 239

G

GAIN, R. D. G.: Appreciation, 152
GELFAND, M. *Diagnostic procedures in medicine*, 361 (R)
GENETICS CLUB, 182, 280
GERIATRIC PATIENTS, 86 (C)
poem, 48
GILBERT, L. Pre-prandial exercise, 86 (C)
GILMORE, C.: Toe/thumb transplant, 282
GOLDING, S. [Accident and Emergency Department survey], 21 (C)

GOLF CLUB: Inter-hospitals cup, 55, 90
President's match, 221
students v. consultants, 195
GOOLAMALI, S. K. *Multiple choice questions in dermatology*, 316 (R)
GOULDER, T. Sexology, 87 (C)
GRAY'S *Anatomy*: Awards, 279, 335
GREVILLE STUDENTSHIP, 116
GUINNESS STROLL, 149
GUMPERT, J. R. W.: Consultant appointment, 279
GUY'S ARTHRITIS RESEARCH UNIT, 4
GUY'S DIARY, 2, 30, 54, 74, 94, 120, 146, 178, 206, 250, 278, 340, 374
Christmas diary, 414
GUY'S HOSPITAL
Accident and Emergency Department survey, 20 (C)
appointment of Secretary, 76
Board of Governors, 117 (P)
group accommodation office, 33
knights, 79, 163, 169 (C), 193 (C), 219 (C)
telephones, 268
thefts, 86 (C)
GUY'S HOSPITAL BIENNIAL DINNER, 35, 183, 206, 316 (C), 342, 360 (C)
GUY'S HOSPITAL DENTAL BALL, 237, 250, 272 (C)
GUY'S HOSPITAL DENTAL SCHOOL
Alfred Rycroft scholarship, 6, 39, 95, 371
annual clinical meeting, 4, 63
appeal for extracted teeth, 108 (C)
dental travelling scholarship, 6
Examining Board for Dental Surgery Assistants: Gold medal award, 77
F.D.S. conservative dentistry course, 276
new students, 329
Newland-Pedley travelling scholarship, 6
party, 14
students' handbook, 230
GUY'S HOSPITAL DENTAL SOCIETY: Annual dinner, 386
GUY'S HOSPITAL GAZETTE, 249 (P)
appointment of manageress, 39, 56, 74, 250 (P)
editorial appointments, 76, 96, 206, 249
essay prizes, 336
monthly publication, 73 (P)
resignation of manageress, 76
Trevor Barnes: an appreciation, 300
GUY'S HOSPITAL GENETICS CLUB. *See* Genetics Club
GUY'S HOSPITAL GROUP SCHOOL OF NURSING: Pass lists, 246
GUY'S HOSPITAL MEDICAL SCHOOL: New students, 328
scholarships and studentships, 71, 115
students' handbook, 230
GUY'S HOSPITAL MEDICAL SCHOOL. Division of Biological Sciences: Open day, 183
GUY'S HOSPITAL MEDICAL SCHOOL *and* ST. THOMAS' HOSPITAL MEDICAL SCHOOL: History of medicine prize, 336
GUY'S HOSPITAL NURSES' LEAGUE. *See* Nurses' League
GUY'S HOSPITAL PHYSIOTHERAPY AND RADIOGRAPHY ASSOCIATION. *See* Physiotherapists' and Radiographers' Association
GUY'S HOSPITAL RUGBY SUPPORTERS CLUB. *See* Rugby Suporters' Club
GUY'S HOSPITAL SOCIETY
Bournemouth and Wessex, 128, 335
East Anglian dinner, 109
South Wales and Monmouthshire, 2, 98, 376
West Somerset reunion, 39
GUY'S INNOMINATE CLUB: Annual dinner, 125
GUY'S SCIENCE CLUB. *See* Science Club

H

HAGUE, J. D.: Resignation as Hospital Secretary, 76
HALL, Diana L. "Back to nursing", 241 (C)
HALLAM, Marny. [Accident and Emergency Department survey], 21 (C)
HALLET PRIZE, 5
HAMPTON, J. R. The *ECG made easy*, 273 (R)
HANDLER, C. E. Doctors' low moral and dietary fibre: [a review of the annual B.M.A. lecture given by Mr. Denis P. Burkitt, F.R.S.], 344 (R)
Guy's Hospital Gazette appointments, 96, 206, 250 (P)
Hospitals' rugby cup final, 87 (C)
See also BOURNE, M. G. N., HANDLER, C. E. *and* QUYYUMI, A. A., 302
HARPER, T. A. *The peripheral blood film*, 395 (R)
HASLEWOOD, G. A. D. After 249 years [Board of Governors of Guy's Hospital], 117 (P)
Guy's into battle [Freshers' edition], 285
HEATON, G. M. A.: Awarded Hallet prize of the Royal College of Surgeons of England, 5
HICKS, B. H.: Appointed Clinical Tutor, 207
HIGGINS, P.: Appointed Professor of General Practice, 375
HILDA AND RONALD POULTON FELLOWSHIP, 116
HILLS, T. H.: Appreciation, 339
Hippocrates of Cos (460-379 B.C.) (R. G. C. Martin), 192
HOCKEY CLUB, 365
catering, 86 (C)
Ladies' hockey club, 366
Past v. Present, 33, 112
Spirochaetes, 402
Spirochaetes v. Polytechnic, 364
Tulse Hill 2nd XI v. Guy's 1st XI, 70
United Hospitals' cup, 50
United Hospitals' junior cup, 89
v. Imperial Paper Mills, 322
v. Royal Arsenal, 323
v. Westminster 1st XI, 24, 50
HOLFORD, D. Toe/thumb transplant, 358 (C)
HONOR OAK PARK: Catering, 86 (C), 168 (C)
HOPKINS, Dr. James Leighton, TRAVELLING SCHOLARSHIP, 116
HOPKINS, P. [Accident and Emergency Department survey], 21 (C)
Hormones in pregnancy (M. G. N. Bourne, C. E. Handler *and* A. A. Quyyumi), 302, 391 (C)
HOSPITAL INFORMATION, 25, 51, 71, 91, 114, 143, 175, 199, 222, 244 276, 326, 369, 415
HOSPITAL MEDICAL AND DENTAL STAFF. Joint Negotiating Committee: Off-duty periods, 229
HOSPITAL SAVINGS ASSOCIATION SCHOLARSHIP, 147
HOUSTON, J. C. "Message from the Dean" [Freshers' edition], 284
HUDSON, Barbara L. The chronic schizophrenic in the community, 40
HUGHES, Eugene J. Poem: *Christmas peace*, 404
HUNT, J. N.: Election to the Senate, University of London, 207
Teaching in the Physiology Department [Freshers' edition], 288
HUNTER-CRAIG, C. *Some black ones; some . . .* [Catering at Honor Oak Park], 168 (C)

I

IMMUNOLOGY LECTURES, 388
In retrospect, 373 (P)
INNOMINATE CLUB. *See* Guy's Innominate Club

J

JACKSON, P. "Knights away", 169 (C)
JOHNSON, C.: Death, 35
JOINER, C. L.: Appointed consultant physician to the Army, 335
visiting Professor in Medicine, Cornell University, 335

K

KINGON, A.: Appointed sports correspondent, Guy's Hospital Gazette, 96
KIRSCHEN, R. Friends but not neighbours, 109 (C)
Knights away (R. E. Smith), 79, 163, 169 (C), 193 (C), 219 (C)
KNOTT, N. J. [National Health Service crisis], 272 (C)

L

LAPTHORN, F. E. Where there's smoke . . . 85 (C)
LAUNDRY: Construction, 252
shortage, 272 (C)
LESSOF, M. H. The Philpott file: *The Hospital*, 294 (R)
LEWIS, T. L. T. Dr. David Stafford-Clark, 357 (C)
LIVINGSTONE, Annette: Memorial fund for Renal Unit, 251
LONDON: University of
courses for lecturers, 95
gold medal award, 179
Pass lists: B.D.S. 51, 246, 276
B.Sc. 276
M.B. 203, 222, 276
M.D. 116, 222, 248, 276
M.Phil. 222, 371
M.Sc. 222
Ph.D. 175, 222, 248, 276, 371
Preliminary examination for studies in Medical Subjects, 371
Purples awards, 195
School of Pharmacy *and* PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. Postgraduate school, 182
LONDON MEDICAL GROUP, 355
LONDON NURSING EXHIBITION AND CONFERENCE 1974, 229
LOVELL, R. R. H. *and* DOYLE, A. E. *An introduction to clinical medicine* 363 (R)
LUND-LINTON, W. M. Poem, 86 (C)

M

MACDONALD, I. *editor. The effect of carbohydrates on lipid metabolism.* (Progress in biochemical pharmacology. Volume 8), 272 (R)
MacKEITH, R. C.: Awarded Rosen von Rosenstein medal, 179
McMILLAN, D. I. Liquid assets, 360 (C)
MAHLER, G.: Ken Russell's latest victim (H. A. Sowerby), 129
MANSIE, J.: Appreciation, 124
MANT, A. K.: Appointed Professor of Forensic Medicine, 95
MARRIAGES, 332, 370
MARTIN, D. V. *Adventure in psychiatry*, 361 (R)
MARTIN, R. G. C. Hippocrates of Cos (460-379 B.C.), 192
MARTINDALE, V.: Obituary, 78
MEDICAL CHAPLAINCY, 38
MEDICAL DEFENCE UNION: Film, *Without due care*, 208
MEDICAL RECORDS: Problem orientated, 383, 387
MESSING, J. J. *and* RAY, G. E. *Operative dental surgery*, 48 (R)
METABOLIC MEDICINE: Unit for. Research study of the variation of plasma lipid levels in selected, ambulant, diabetic patients: Request for student assistance, 415
MILLETT, H.: Obituary, 261
MINSKI, L. *A practical handbook of psychiatry for students and nurses*, 396 (R)
"MONTAGUE ARMS" KIDNEY MACHINE, 376
MONTEFIORE, H. *Only one world; ecology today*: talk to the Medical Chaplaincy, 38
MORTLEY, Susan. Nurse bank, 69 (C)
MORTON, Barbara: Retirement, 375
MOULDING, G.: Resignation as sports correspondent, Guy's Hospital Gazette, 96
MOUSTACHES, 208
MUSIC CLUB: Iolanthe, 58; review, 99 (R)

N

NATIONAL ASSOCIATION OF HEALTH STUDENTS, 132
NATIONAL HEALTH SERVICE: Crisis, 225 (P), 272 (C)
reorganization, 29 (P), 117 (P), 240
NATIONAL LISTENING LIBRARY, 182
NATIONAL UNION OF STUDENTS: Health students, 132
travel service, 35
NEWLAND-PEDLEY TRAVELLING SCHOLARSHIP, 6
NICHOLSON, I.: Awarded winner's trophy in Kenyan Open National Squash Rackets championship, 376
NORTHFIELD, T. C.: Consultant appointment, 207
NURSES AND NURSING
'Back to nursing' course, 217, 241 (C)
communication, 67
counselling, 356
doctor/nurse relationships, 107
education, 194
Halsbury Committee report, 269, 314, 390
meal prices, 134
militancy, 145 (P), 216
National Health Service reorganization, 29 (P), 240
nurse bank, 19, 69 (C), 217
Nursing and the medical profession: a symposium, 280
salaries, 83, 145 (P), 269
Salmon structure, 29 (P), 107
staff appointments, 76, 95
NURSES' LEAGUE: Sir Cosmo and Lady Mabel Bonsor scholarship, 370
Nursing and the medical profession: a symposium . . . [Royal Colleges of Nursing, Midwives, Obstetricians and Gynaecologists, Physicians and Surgeons], 280
NURSING MIRROR: London nursing exhibition and conference 1974, 229

O

OBITUARIES
J. R. Audy, 209
A. Douthwaite, 290
H. R. B. Fenn, 59
V. Martindale, 78
H Millett, 261
J. P. H. Ogilvie, 153
W. J. Olivier, 378
Annie E. Pegden, 257
L. G. J. Pitt-Payne, 290
L. L. C. Reynolds, 338
S. R. Trick, 260
D. P. Walther, 120
G. R. Webster, 377
J. A. S. Wright, 378
OBSTETRICS AND GYNAECOLOGY REVISION COURSE, 33, 69 (C), 84 (C)
O'DONOVAN, Anne. [Death of] Elektra of York Clinic, 391 (C)
OGILVIE, J. P. H.: Obituary, 153
OLCZAK, S. *and* WILLIAMSON, J. Student book reviews, 394 (C)
Old age (G. L. Davies), 264
OLDHAM, A. J. The psychiatric casualty, 185
OLIVIER, W. J.: Obituary, 378
100 years ago, 166, 407
OUT-PATIENTS DEPARTMENT: Patient delay, 211, 270 (C)
OXFORD UNIVERSITY: Pass lists: B.M., B.Ch., 51, 248

P

Paediatric problems and their solution: Postgraduate Medical Federation course, 33
PAFF, G H. *Anatomy of the head and neck*, 362 (R)
PAPERS BY GUY'S MEN, 28, 52, 92, 116, 144, 175, 204, 223, 248, 330, 370, 415
PARK, 177 (P)
PARKINS, R. A. *and* PEGRUN, G. D. *The basis of clinical diagnosis* 242 (R)
PARSONS, K. Private beds in the N.H.S. 392 (C)
PASS LISTS
Cambridge University: M.B., B.Ch. 51, 222
D.M. 276
Chartered Society of Physiotherapy, 92, 204, 246, 415
Conjoint Board: L.R.C.P., M.R.C.S. 91, 175, 247
Guy's Hospital Group School of Nursing, 246
Oxford University: B.M., B.Ch. 51, 248
Royal College of General Practitioners, 331
Royal College of Obstetricians and Gynaecologists: D.Obst. 91, 247
Royal College of Pathologists: Final M.R.C.Path. 52
Primary F.R.C. Path. 175
Royal Colleges of Physicians of the U.K.: F.R.C.P. 222, 247
M.R.C.P. 175, 203, 276
Royal College of Surgeons of England: F.F.A. 175, 203, 371
F.R.C.S. 52, 175, 222, 248
University of London: B.D.S. 51, 246, 276
B.Sc. 276
M.B. 203, 222, 276
M.D. 116, 222, 248, 276
M.Phil. 222, 371
M.Sc. 222
PhD. 175, 222, 248, 276, 371
Preliminary examinations for studies in Medical Subjects, 371
PASSIM, 1, 29, 53, 73, 93, 117, 145, 177, 205, 225, 249, 277, 333, 373
PATTERSON, J.: Resignation from post of manageress, Guy's Hospital Gazette, 76
PAYAN, J.: Consultant appointment, 375
PAYNE, Lyn: Appointed manageress, Guy's Hospital Gazette, 250 (P)
PEARSON, R. S. B.: Death, 252
PEGDEN, Annie E.: Obituary, 257
PEGRUN, G. D. *See* PARKINS, R. A. and PEGRUN, G. D. 242 (R)
PERRY, I. R.F.C. censorship, 136 (C)
PERSONAL, 28, 52, 72, 92, 117, 144, 176, 204, 224, 332, 370, 415
PHEASANT, L. *The medical handbook to end all medical handbooks*, 242 (R)
PHELAN, D.: Don Phelan football trophy, 251
naming of "Don Phelan Court", 251
PHILLIPS, H I. B.: Consultant appointment, 147
The Philpott file: *The Hospital* (M. H. Lessof), 294 (R)
"Philpott file" on Guy's, 227, 271 (C)
PHYSIOTHERAPISTS' AND RADIOGRAPHERS' ASSOCIATION: Meeting, 149
symposium on "Ultrasound", 149
PHYSIOTHERAPY SCHOOL. *See* School of physiotherapy
The pillpot file (P. Tillman), 262
PITT-PAYNE, L. G. J.: Obituary, 290
Poems, 48, 86 (C), 193, 296, 404
POLANI, P.: Elected to the Kenneth Craik research award, St. John's College, Cambridge, 375
POLLOCK, M. *Assential man* (Poem), 193
POPULATION, 271 (C)
POSTGRADUATE MEDICAL FEDERATION *See* British Postgraduate Medical Federation
POTTS, M. W. "Hopefully', 47 (C)
POULTON, Hilda *and* Ronald, FELLOWSHIP, 116
PRICE, B. 2nd M.B. party, 68 (C)
PRICE WATERHOUSE AND COMPANY: New building, 155, 218 (C)
PRIVATE PATIENTS, 205 (P), 333 (P), 392 (C)
PRIZES AND AWARDS
Begley prize, 5
Examining Board for Dental Surgery Assistants: Distinction award and gold medal, 77
Hallet prize. 5
History of medicine prize, 336
physiotherapy prizes, 149
PROBLEM ORIENTATED MEDICAL RECORDS, 383, 387
Problem orientated medical records—what are they and why do we need them? (M. Rendall), 383
PRYN, W J. "Knights away" and "Yet more *knights away*", 193 (C)
The psychiatric casualty (A. J. Oldham). 185. 218 (C)
Psychiatric disorder: approaches to (J. P. Watson), 350, 379
Psychiatry at Guy's (O. B. Balean), 393 (C)
PURPLES AWARDS, 195

Q

QUEALY, Eileen. The place and the people, 357 (C)

QUYYUMI, A. A. *See* BOURNE, M. G. N., HANDLER, C. E. *and* QUYYUMI., A A. 302

R

RAMSAY, C. A.: Appointed successor to Dr. Moynahan, Department of Dermatology, 32

RAY, G. E. *See* MESSING, J. J. *and* RAY, G. E. 48 (R)

The remedial professions (R. J. Cooper), 60

RENAL UNIT: Annette Livingstone memorial fund, 251
technicians' sponsored walk, 254

RENDALL, M. Problem orientated medical records—what are they and why do we need them? 383

RESIDENTS' PLAY, 1974, 5
record, 150
review, 102 (R)

REVIEWS, 394 (C)
E. Braunwald, *editor. The myocardium—failure and infarction*, 273 (R)
British Medical Association. *Primary health care teams*, 291 (R)
J. L. Burton. *Aids to undergraduate medicine*, 241 (R)
Barbara F. Cape and Pamela Dobson, *editors. Bailliere's Nurses' dictionary*, 396(R)
Controversy in internal medicine II. Edited by Ingelfinger, Ebert, Finland and Relman, 318 (R)
N. Conway. *A pocket atlas of arrythmias*, 242 (R)
C. F. A. Culling. *Handbook of histopathological and histochemical techniques*, 363 (R)
C. F. A. Culling. *Modern microscopy*, 317 (R)
T. J. Deeley. *The chest* (Monographs on oncology), 395 (R)
C. P. A. Dupont. *The management of common skin diseases*, 316 (R)
J. S. Fleming *and* M. V. Baimbridge. *Lecture notes on cardiology*, 362 (R)
M. Gelfand. *Diagnostic procedures in medicine*, 361 (R)
S. K. Goolamali. *Multiple choice questions in dermatology*, 361 (R)
J. R. Hampton. *The E.C.G. made easy*. 273 (R)
T. A. Harper. *The peripheral blood film*. 395 (R)
R. R. H. Lovell *and* A. E. Doyle. *An introduction to clinical medicine*, 363 (R)
I. Macdonald, *editor. The effect of carbohydrates on lipid metabolism*. (Progress in biochemical pharmacology. Volume 8). 272 (R)
D. V. Martin. *Adventure in psychiatry*, 361 (R)
J. J. Messing *and* G. E. Ray. *Operative dental surgery*, 48 (R)
L. Minski. *A practical handbook of psychiatry for students and nurses* 396 (R)
G. H. Paff. *Anatomy of the head and neck*. 362 (R)
R. A. Parkins *and* G. D. Pegrun. *The basis of clinical diagnosis* 242 (R)
L. Pheasant. *The medical handbook to end all medical handbooks*, 242 (R)
The Philpott file: *The Hospital*, 294 (R)
Residents' play, 1974, 102 (R)
W. G. Sears *and* R. S. Winwood. *Anatomy and physiology for nurses and students of human biology*, 397 (R)
E. Stewart Taylor. *Obstetrics*, 317 (R)

REYNOLDS, L. L. C.: Death, 251
obituary, 338

RHODES, D. J. Guy's in the Yemen, 23 (C)

RIPMAN, H. [Patient delay in out-patients department], 270 (C)

ROBBINS, G. Ethics and effects, 355

ROBERTS, C. I.: Consultant appointment, 207

ROBINSON, R. J. Dying for a smoke, 47 (C)

ROBSON, K. Bed sore, 22 (C)

ROGERS, A. Biennial dinner, 360 (C)

ROSE BALL, 18

ROSENBERG, H.: Awarded O.B.E. 279

ROWE, A. H. R. [Appeal for extracted teeth], 108 (C)

ROYAL COLLEGE OF GENERAL PRACTITIONERS: Pass lists, 331

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS: Pass lists: D. Obst. 91, 247

ROYAL COLLEGE OF PATHOLOGISTS: Pass lists: M.R.C. Path. 52
Primary F.R.C. Path. 175

ROYAL COLLEGE OF SURGEONS OF ENGLAND: Pass lists: F.F.A. 175, 203, 371
F.R.C.S. 52, 175, 222, 248
prizes, 5

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.
Pass lists: F.R.C.P. 222, 247
M.R.C.P. 175, 203, 276

ROYAL PHOTOGRAPHIC SOCIETY: Inauguration of Education Group, 149

RUDGE, C J. Theft! 86 (C)

RUGBY CLUB, 275
Angels v. O. Cranleighians Ex.-A., 49
balls, 69 (C)
Hospitals' cup, 87 (C), 139
Past and Present reunion, 85 (C)
results, 136 (C)
v. Askeans R.F.C. 321
v. Blackheath, 320
v. Bromley R.F.C. 320
v. Cambridge City, 142
v. Coventry, 88
v. Exeter, 141
v. Gloucester, 142
v. Guildford and Godalming, '41
v. London Irish, 400
v. Mountain Ash, 399
v. Old Merchant Taylors, 399
v. Old Southendians 2nd XI, 400
v. Old Whitgiftians, 142
v. Oxford, 368
v. Oxted 4th XI, 401
v. Rugby, 143
v. St. Bartholomew's, 139
v. St. Mary's, 88
v. Streatham-Croydon, 368
v. United Services, Portsmouth, 322
v. Westminster Hospital, 139

RUGBY SUPPORTERS' CLUB: Launching, 84 (C), 136 (C)

RUPARELIA, B. A. A San Franciscan elective, 232; erratum, 251

RYCROFT, Alfred, SCHOLARSHIP, 6, 39, 95, 371

S

SAILING CLUB, 325
Guinness cup, 114
Harvey-Wright gold bowl, 172

A San Franciscan elective (B A. Ruparelia), 232; erratum, 251

Schizophrenic: chronic, in the community (Barbara L. Hudson), 40

SCHOLARSHIPS AND STUDENTSHIPS
Alfred Rycroft scholarship, 6, 39, 95, 371
Astley Cooper studentship, 71
Beaney scholarship in Materia Medica, 116
Dental travelling scholarship, 6
Dr. James Leighton Hopkins travelling scholarship, 116
Greville studentship, 116
Hospital Savings Association scholarship, 147
Newland-Pedley travelling scholarship, 6
Sir Cosmo and Lady Mabel Bonsor scholarship, 370
See also under Fellowships; Prizes and Awards

SCHOOL OF NURSING. *See* Guy's Hospital Group School of Nursing

SCHOOL OF PHYSIOTHERAPY: London Inter-hospital swimming gala, 325
prize awards, 149

SCIENCE CLUB: Meetings, 150

SCIENCE MUSEUM: Exhibition on the history of medicine, 207

SEARS, W. G. *and* WINWOOD, R. S. *Anatomy and physiology for nurses and students of human biology*, 397 (R)

2nd M.B. party (B. Price), 68 (C)

SEED, R. G. F. L.: Appointed Director, Department of Anaesthetics, 207

SELLS, R. A: Appointed Director, Renal Transplant Unit, Liverpool Royal Infirmary, 335

Sex education, 256

SILK, D B. A.: Appointed Senior Lecturer, King's College Hospital Medical School, 375

SIR ALFRED FRIPP MEMORIAL FELLOWSHIP, 116

SIR COSMO AND LADY MABEL BONSOR SCHOLARSHIP, 370

SKI CLUB, 367

SMITH, R. E. Knights away, 79
More knights away, 163, 219 (C)

Smoking in hospital, 16, 47 (C), 68 (C), 85 (C), 86 (C)

SNOOKER CLUB
vs. St. Mary's, 196

SNOWFLAKE BALL, 24 (C), 318
review, 17

SOCCER CLUB
United Hospitals' cup, 366
v. Charing Cross, 366
v. Magdalen College, Oxford, 367
v. St. Thomas' Hospital, 367

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY, 2
annual dinner, 2, 98, 376

SOWERBY, H. R. Ken Russell's latest victim: Mahler, 129

SPECTOR, D.: Sponsored performance for Deptford Action Group for the Elderly, 254

SPECTOR, R. G. Starting treatment [Freshers' edition], 288

SPIT, 109 (C)

SPORT, 24, 49, 70, 88, 110, 138, 171, 195, 220, 243, 274, 319, 364, 397

SPORTS CLUB: Catering, 86 (C)

SQUASH CLUB, 173, 325
Cumberland cup challenge, 113
half-season report, 70
Presidents' VII v. Gnomes, 50
University of London league, 50, 113

STAFFORD-CLARK, D. 357 (C), 394 (C)
appreciation, 298

STOCKER, A. [Price Waterhouse and Company], 218 (C)

STOKES, Adrian, MEMORIAL FELLOWSHIP, *116*

STOTT, R. The ancillary workers' dispute—an alternative approach, 238
consultant appointment, 375

STREAKING, 93 (P)

STUDENT MEDICAL EDUCATION COMMITTEE. 343
election, 150
students' handbook, 230

STUDENTS: Assessment, 169 (C)
cheap travel, 35

STUDENTS' CLUB: Bar finances, 360 (C)
course, *Understanding of sex*, 4, 36, 87 (C), 187

STUDENTS' HANDBOOK, 230

SURGERY: Department of. Departmental meetings, 336

SURVIVAL INTERNATIONAL LIMITED, 77

SWIMMING CLUB: London Inter-hospital Physiotherapy Schools gala, 325

T

TAYLOR, E. S. *Obstetrics*, 317 (R)

TENNIS CLUB, 171, 197
Ladies v. Bart's II. 198
Ladies v. U.C.H. 198
nurses' teams, 274
United Hospitals' cup, 198

THEATRE CLUB, 282
The Cresta Run, 126 (R)
Freshers' evening, 297
The Lovers, 23 (C)

Theft! (C. J. Rudge), 86 (C)

THOMPSON, R. N. S.: Elected Fellow of the Royal Society, 122

THORNTON, T. J.: Awarded Begley prize of the Royal College of Surgeons of England, 5

TILLMAN, P.: Guy's Hospital Gazette editorial appointment, 76
"If you think you've got problems"—a light-hearted look at problem orientated medical records, 387
The pillpot file, 262

TINKLER, S. N. Dr. David Stafford-Clark, 394 (C)

Toe/thumb transplant (C. Gilmore). 282, 358 (C)

TOWER: Naming of areas, 218 (C)

TRICK, S-R.: Obituary, 260

TUDOR, J. Biennial dinner, 391 (C)

TURNER, G.: Consultant appointment, 375

TWEED, M. D. M.: Death, 149

U

Understanding of sex: Students' Club course. 4, 36, 87 (C), 187

UNIVERSITY TEACHING METHODS UNIT: Courses for lecturers, 95

V

VAN RYSSEN, Maureen: Appointed Consultant Anaesthetist, Worthing Hospital, 147

VENNING, Winifred M.: Death, 279

VEVERS, G. Reaction for action: [the Student Medical Education Committee], 343

W

WALTHER, D. P.: Obituary, 120

WARBURTON, E.: Acknowledgement of retirement gift from Guy's Hospital Gazette Committee, 168 (C)

WARNER, F. S. Wolfson House, 358 (C),

WARWICK, R. Education, exams, and feedback [Freshers' edition], 286
and WILLIAMS, P. *editors. Gray's anatomy*: Awards, 279, 335

WATSON, J. P.: Appointed Professor of Psychiatry, 179
Approaches to psychiatric disorder, 350, 379
Exclusive Gazette interview with Professor J. P. Watson . . . first Professor of Psychiatry, 346, 393 (C) .

WEBSTER, G R.: Death, 335
obituary, 377

WEBSTER, J. M.: Group accommodation office appointment, 33

WEST SOMERSET GUY'S HOSPITAL SOCIETY: Reunion, 39

WHITE, B. M.: Appointed Acting Chief Nursing Officer, 76

WHITE, Hilary H. [New appointment], 20 (C)

WHITE, N. J.: Awarded gold medal in Final M.B., B.S. examinations, 179
Friends? Romans? [Student assessment], 169 (C)

WILLAN (née Green), Joyce: Retirement, 226

WILLIAMS, G.: Consultant appointment, 375

WILLIAMSON, J. *See* OLCZAK, S. *and* WILLIAMSON, J. 394 (C)

WINSLEY-STOLZ, H.: Elected Fellow of the Royal Society for the Encouragement of Arts, Manufactures and Commerce, 282

WINSTANLEY, T. M. The Trevor Philpott file, 271 (C)

WINWOOD, R S. *See* SEARS, W. G. *and* WINWOOD, R. S. 397 (R)

WOLFSON HOUSE: Appeal, 95, 121, 180, 208, 252, 280, 358 (C)
bookings, 227

WORLD DENTAL CONGRESS, 62nd annual: Federation Dentaire Internationale, 35

WOTTON, B. Poem: *Sacrosanct*, 296

WRIGHT, J. A. S.: Obituary, 378

WYARD, S. J.: Appointed to chair in Physics, 179

Y

YEMEN: Guy's in the (D. J. Rhodes), 23 (C)

YENTIS, I.: Christmas holiday lecture at the Royal Society of Medicine, 376

YORK CLINIC: Death of Elektra, 391 (C)

YOUNGER, *Sir* K.: Appointed Chairman, Lambeth, Southwark and Lewisham Area Health Authority, 147

Published by the Committee of Guy's Hospital Gazette and Printed by
BOSP Print Limited, 22 North Street, Bromley, Kent.

GUY'S HOSPITAL GAZETTE

EDITOR	T. B. BARNES
ASSISTANT EDITOR	K. N. BULLOCK
SPORTS CORRESPONDENT	G. MOULDING
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
BUSINESS MANAGER	Mrs. J. PATTERSON
PHOTOGRAPHER	S. J. TWIGGS

FORTNIGHTLY TWELVE PENCE VOLUME 88 NUMBER 2228

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

We would do no more than remind all Guy's students that there is a General Meeting of the new Union on 31st January at 1 p.m. and we look forward to seeing them there.

GUY'S DIARY

JANUARY

7	M	1.00 Clinical Lecture. Mr. BROOMHEAD "Paediatric Problems in Plastic Surgery."
10	Th	1.00 Clinical Lecture. Dr. MANN. "Infectious Diseases I-Typhoid Fever and Infections of the Bowel"
11	F	1.00 Clinical Lecture. Dr. ROBINSON. "Dr. Little's Disease is no more (1862-1962)"
14	M	1.00 Clinical Lecture. Mr. BROOMHEAD. "Grafts, Flaps and Pedicles in Reconstructive Surgery"
15	Tu	1.00 Clinical Lecture. Mr. COLTART. "Amniotic Fluid—so what?"
17	Th	1.00 Clinical Lecture. Dr. MANN. "Infectious Diseases II"

FEBRUARY

"An experimental course in the understanding of sex".

14	5.00 p.m.	"Contemporary Sexual Issues"
18	5.00 p.m.	"Homosexuality and other Sexual Variations"
19	5.00 p.m.	"Treatment of Sexual Dysfunction"
21	5.00 p.m.	"Marital Problems"
22	5.00 p.m.	"Sexual Intercourse". A film by Martin Cole.

NOTICE

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Chairman: Mr. Morwent Brown.

Hon. Sec.: Dr. Anthony Thomas. Woodlands, Cwrt-yr-ala Road, Cardiff CF5 5QS. Tel.: 0222-591469.

The twenty-third dinner of this Society will be held on Saturday, 16th February, 1974, at the Park Hotel, Cardiff (following the Wales vs. France Rugby International Match) 7.15 for 8.00 p.m.

All Guy's men and women are welcome. Tickets for the Dinner are £3.00 and for annual membership fee 50p as over the past few years.

The President for 1974-75 will be Mr. Derry Edwards and the Guests from Guy's will be Dr. George Scott and Mr. Alan Campbell. It would facilitate arrangements if all those intending to be present would send their remittances payable to the Society, by Wednesday, 13th February, 1974.

MEDICAL PROTECTION SOCIETY

The Society which helps Doctors and Dentists to protect their professional interests by sound and personal advice, defends them against litigation, and indemnifies them unreservedly when necessary.

STUDENTS CAN

MAKE PROTECTION SURE

by applying now for full membership on registration and a reduced subscription which is not payable until three months after registration.

MEDICAL PROTECTION SOCIETY

50 Hallam Street, London, W1 Tel : 01-580 9241

30 Park Square, Leeds,1 Tel : 0532 42115

195 Newport Road, Cardiff Tel : 0222 43852

NEWS IN BRIEF

Guy's Arthritis Research Unit

Recently all groups actively engaged in research into arthritis and allied diseases in Guy's Hospital and Medical School have amalgamated to form the Guy's Arthritis Research Unit. The purpose of the unit which has the backing of the Medical School Council and Governors, is to promote and co-ordinate arthritis research at Guy's.

Those conducting research on a variety of fronts including:— Clinical Rheumatology, Orthopaedic Surgery, Rehabilitation, Immunology, Clinical Pharmacology, Epidemiology, Occupational Medicine, Anatomy and Cell Biology, have been brought together into a single organisation. It is hoped that by adopting this broad inter-disciplinary approach the unit will make a significant contribution to the understanding of the pathogenetic mechanisms and to the rationalisation of therapy of the rheumatic diseases.

The founder members of G.A.R.U. are:— J. A. D. Anderson, Murray Brooks, H. C. Burry, W. A. Crabbe, R. Grahame (Director), A. N. Henry, M. Laurence, G. Panayi (Honorary Secretary), and their respective registrars and/or research assistants.

"Annual Dental Clinical Day"

The Annual Dental Clinical Meeting will be held on Saturday, 2nd March, 1974, and the Dental Society Dinner will be held in the evening. The full programme will be published in the *Gazette* on the 16th February, 1974.

Understanding of Sex

An experimental course in the Understanding of Sex has been organised by the Students' Club in conjunction with the Family Planning Association. Five lectures will be given by Professor Wagner and Dr. Christopher and each lecture will be followed by an informal group discussion.

Royal Humane Society Award

Dr. Robin Cox, who qualified at Guy's in 1960, has been awarded the bronze medal and certificate from the Royal Humane Society. After three attempts Dr. Cox succeeded in rescuing a girl from drowning.

Dr. A. A. Forty

We regret to announce the death of Dr. Arthur Alan Forty on 7th December, 1973, at the age of 92. Dr. Forty qualified L.D.S., R.C.S., in 1905 at Guy's—only sixteen years after the foundation of the Dental School. He became an advisory Dental Officer in the R.A.M.C. during the First World War, later serving in Leeds General Hospital.

In 1918 he resigned from the army and returned to Guy's where he qualified M.R.C.S., L.R.C.P in 1919. After some years of general practice in Oxfordshire, Dr. Forty became Regional Medical Officer for the Ministry of Health.

Royal College Prizewinners

We should like to congratulate two Guy's men who were awarded prizes by the Royal College of Surgeons of England. Dr. G. M. A. Heaton received the Hallet Prize and Dr. T. J. Thornton the Begley Prize.

NOTICES

RESIDENTS' PLAY, 1974

"TROTTLEPOTT'S CORNER" or "THE GASMAN COMETH"

To be held in the Physiology Theatre

from

Monday 4th — Friday 8th February

at 7.30 p.m.

Please apply early for tickets to Dr. John Camm, c/o Mrs. J. Webster, Accommodation Bureau, Keats' House, S.E.1. Extension 246.

If possible please give alternative dates. All donations welcome and cheques should be made payable to Guy's Hospital Residents' Fund.

GUY'S HOSPITAL DENTAL SCHOOL

ALFRED RYCROFT SCHOLARSHIP 1974

Students in their final year are invited to apply for an award from the Alfred Rycroft Scholarship Fund to enable them to spend either one month in America at Tufts Dental School, Boston, or at the Buffalo Dental School in the State University of New York or at another American Dental School during the summer of 1974.

The value of the scholarship is likely to meet the cost of travel, board and lodging. It should be noted that successful applicants will be required to act as hosts to their American counterparts.

Application forms may be obtained from the Dean's Office and should be submitted by Friday, 25th January, 1974.

The Sub-Dean of Dental Studies will be pleased to discuss the matter further with any student who is interested and an appointment can be made to see him by ringing Ext. 672.

TRAVELLING SCHOLARSHIPS

Attention is drawn to the undermentioned Travelling Scholarships which are now available.

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel etc., it is necessary for all applications for Travelling Scholarships for 1974, to be received by the Dean of Dental Studies by *Friday, 8th February, 1974.*

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

Medical Officers and Registrars

for Queensland, Australia

RESIDENT MEDICAL OFFICERS

	Metropolitan	Country
First Year	**$A7,467**	**$A8,031**
Second Year	**8,242**	**8,834**
Third Year	**9,017**	**9,640**
Fourth Year	**—**	**10,608**

REGISTRARS

First Year	**$A11,600**
Second Year	**11,968**
Third Year	**12,427**
Fourth Year	**12,886**

REGISTRARS WITH SPECIALIST REGISTRATION

First Year	**$A14,185**
Second Year	**14,326**
Third Year	**14,467**

The hospitals are all modern and well equipped. Bed numbers range from 300–500 in base hospitals to over 1,000 in metropolitan teaching hospitals. All have full-time supervisory staff and visiting consultants.

The Principal Medical Officer of the Health Services Planning and Development Unit will conduct interviews in the U.K. from 4/22nd February 1974. Please make early application, stating your telephone number and outlining your qualifications to :—

The Medical Officer,
c/o Queensland Government Offices,
392 Strand, London, WC2R 0LZ

About Queensland :

Queensland is situated in the North-east of Australia. The climate varies from Mediterranean temperatures in the temperate southern zone to tropical summers and mild winters in the North. Sunshine throughout the country averages seven hours a day. Educational, housing and living conditions are extremely good and the standard of living is high. Many of the hospitals are situated within easy reach of the coast where boating, fishing and water ski-ing are enjoyed all the year round.

An Appreciation

Dr. Martin Bax

Martin Bax came to Guy's from New College, Oxford, in 1957. After the easy exchanges between students and tutors there, the hierarchial structure of "the firm" system of a London teaching hospital with a surgical chief away up above layers of house officers, registrars, senior registrar, seemed to him, as it has to others, an out-dated system of teaching. It might have been better if he had started on a medical firm and to have heard, for example, George Houston inciting his senior registrars to argue with him. Once on the paediatric firm there were tutorials but these were conducted in a minute room with a tutor smoking a stinking pipe. But the children were interesting. He had a play performed while he was a student at Guy's.

After qualifying he did, among other posts, one at the Children's Hospital in Tite Street. The routine path towards a hospital consultancy had no attraction for him and he took the offered post of assistant editor of a paediatric journal. Soon after he started that most successful poetry magazine AMBIT which has had the accolades of support from the Arts Council and a steadily rising circulation.

Martin has had success in a number of fields. Michael Rutter of the Maudsley lured him to take part in the famous Isle of Wight survey of a school population of children. Since he has done further epidemological studies on school children in Department. Out of this came his interesting discovery that boys with undescended testes have a higher frequency of mental handicap. Professor Jack Tizard persuaded him to lecture in the special courses of the Department of Child Development in the Institute of Education. As a lecturer in America he has been strikingly successful.

At Guy's, he became assistant medical officer at Salomons Centre and lecturer in the Paediatric Department under Philip Evans and later became Medical Officer there. He also became school medical officer to two nearby schools and so was able to set an example of a new type of care with one doctor following the child from birth, through into his school life.

He has proved an outstanding editor of Developmental Medicine and Child Neurology and of a number of books, some of them in the series Clinics in Developmental Medicine. He has just written, with Judy Bernal, a book for parents on child care which is likely to make much money for Pan Books and, we hope, for Martin too.

In Salomons Centre he has been an excellent teacher; perhaps of too unusual a vintage to be fully enjoyed unless savoured at half a dozen sessions. His impact on a number of American students here on electives has been great. One of them was inspired to go back and identify the first cases recognised in USA of kwashiorkor.

Professor Jack Tizard has retired from the Department of Child Development and Special Education in the University of London to do research. The first colleague he wanted was Martin Bax. So Salomons Centre will, at the end of December, lose him. With the increasing interest in prevention and in child development learning problems, the work at Salomons has an enormous potential for the teaching of students at Guy's whether they are bound for general practice, the integrated child health services or for specialities which cater for children. Someone else good will be found and may well have been found already but we should congratulate Professor Tizard on getting Martin Bax as his collaborator in his new research project and Professor Tom Oppe and his Paediatric Department at St. Mary's on their new part-time colleague.

He has many friends among mothers and children in Southwark and they, the health visitors at Salomons and his colleagues in the local schools will miss him greatly. The Paddington mothers and children are lucky.

The B.Sc. Dinner

Thursday 29th November, 1973.

This day marked a momentous and memorable occasion; the first recorded dinner for the B.Sc. students. All the departments were represented: Anatomy, Biochemistry, Pathology, Pharmacology, Physics and Physiology. The B.Sc. Society was founded in October, 1973, its aim being to "further the co-ordinated studies undertaken in the separate departments by the individual students". Since then, there have been small study groups of assorted students discussing their own lines of research and contributing to each other's work. These inter-departmental discussions have been solely student organised and have led to great mutual benefit.

The dinner took place at "Leyons" in Wardour St., W.1. This year's chairman, Clive Handler, opened the meeting by welcoming the guests and offering apologies for absence from Mike Tidman, Nick Gaunt, Ian Martin (Anatomy); Deleth Price (Biochemistry); Mike Bourne, Sue Overal (Pharmacology); and Gareth Hughes, John McNulty and Gerry Murphy (Physics). He then introduced the first speaker, John van de Pette (Anatomy), who explained some of the main points arising from his studies on the "Investigation into the Adrenergic and Cholinergic Innervation of the d-cells of the Islets of Langerhans of the Pancreas, comparing Mammalian and Avian distribution". He told us later that he was hoping to enter into some Marsupialoid studies.

If you've taken your 2nd MB–

strike a bargain with the RAF

You get £1898 a year in your last three years as a medical student; with all fees paid.

In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of £1400 to £2600 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book–or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1),
Halton, Aylesbury, Bucks, HP22 5PG

RAF officer
DOCTOR

John Efthimiou (Biochemistry) presented an interesting synopsis of "The Corroboration of Gower I/III Steroidal Pathways in Rat (i.e. human) Testes using β emitting Carriers and their Identification and Purification by thin layer and gas chromatographic techniques."

The next talk was titled "Relationship of Histamine Stimulating Factor to the Encephalopathies occasionally observed after Pertussis Vaccine." The speaker, Jeremy Horton (Pathology) touched on some of the experimental procedures involved and discussed his own modifications of some of these established techniques.

Timothy Goodship (O.H.) then introduced the assembly to his joint project with Clive Handler (O.A.) on "Cholinergie Link Hypothesis in Adrenergic Neuroeffector Transmission." He outlined the two schools of thought on this theme; Burn and Rand on the one hand, Ferry on the other. He was later joined by his colleague in the ensuing discussion, in defending to various degrees each standpoint against questions from "the floor", thus demonstrating the complexities of this subject. Dave Rajaratnam (O.J.) and Arshed Qayyumi (O.W.), quickly told their tales of woe in developing suitable techniques for their imflammation studies in rats, but assured us of an imminent breakthrough.

The chairman then introduced Jonathan Fitzgerald Frazer (O.E.) who received warm applause on rising to address the company on "A Study of the Integrative Anomalies Distracting Neuroanatomical Advance in the Control of Thalamo—Hypothalamic Communications". After the previously intricate and detailed pharmacological seminar, this excursion into neuroanatomical fields provided light refreshment during the liqueurs. Jonathan summarised some of the up-to-date controversies relating to this research and acknowledged the help he had received from his tutors at University College.

It was perhaps fitting that the concluding talk should be on a subject in which most of the audience were out of their depth. Nigel Masters (O.E.), one of the "Gosling Whizz Kids" presented a short paper on "Experimental Data on the Physical Parameters Governing Mismatch and Stenotic Situations *(in vitro)* in Polyacrylic Transit Vessels". Many of his audience could just recall relevant "A" level formulae, but Nigel's enthusiastic delivery and creditable account of synclastic and anticlastic curves, rekindled some interest into this important and rapidly advancing field of haemodynamics.

The chairman then thanked all the speakers in turn and especially his fellow committee members; the Hon. Sec. Richard Moore (P.O.T.) (Pathology) and Nick Nicholas (N.T.) (Biochemistry) for their invaluable help in arranging the term's lunch-hour symposia. After proposing a toast to "Guy's Hospital", the chairman then closed the business part of the meeting.

Jim Rivett (Pathology) then kindly invited Society members to his club for the less formal part of the evening.

Clive E. Handler *(Chairman, B.Sc. Society)*

The Cunliffe Laboratories

In December, 1962, when the late Lord Cunliffe was Chairman of the Board, the suggestion was first made that new physics laboratories should be provided to bring together, in one building, activities which were then being carried out under makeshift conditions in various parts of the hospital. In 1969 planning work on the present scheme commenced and Lord Cunliffe's aspirations were

finally achieved on 13th December, 1973, when the new "Cunliffe Laboratories" were opened by Lord Robens. In addition to the Physics Laboratories—now known as the Department of Clinical Physics and Bio-Engineering—the building accommodates the Department of Nuclear Medicine.

Department of Nuclear Medicine

The ground floor contains accommodation for the Nuclear Medicine Department including six diagnostic and examination bays, four laboratory bays, library, common room, offices and patients' waiting areas. The ground floor is linked through to the ground floor of New Guy's House, forming an extension to the buffet as well as a direct route for patients and staff.

Nuclear Medicine has been defined as "The application of radioactive materials to the diagnosis and treatment of patients and the study of human disease". This obviously covers a vast spectrum of clinical medicine and to be effective requires that people with widely different experience and training work together as a team for the benefit of the patients. Therefore, this department is designed and functions to accommodate doctors, physicists, radiopharmacist, Nuclear Medicine technicians, nurses and secretaries.

Department of Clinical Physics and Bio-Engineering

The lower ground floor contains the Department of Physics which

includes heavy and light engineering workshops, six physics laboratory bays, and three electronics bays, together with staff rooms, etc.

The Department of Clinical Physics and Bio-Engineering came into existence as an off-shoot of the Department of Physics Applied to Medicine in the Guy's Medical School. It did so with the specific purpose of taking care of the radiation protection work of the hospital. It continued with this work for about 10 years before any significant change in its function took place. Thus, for example, 14 years ago much of the department's effort was concerned with ensuring that patients in the Department of Radiotherapy would receive only the radiation dose which was intended for them and that the staff received no more radiation than was absolutely essential. Similarly, it was engaged with the slowly developing use of diagnostic tests using radioactive materials, ensuring that patients received the minimum dose compatible with efficient diagnosis. Slowly, the scope of the radioisotope work grew and, as it did so, its increasing dependence upon electronics became more apparent. The detection of radiation, radiation counters and ratemeters all used electronic equipment and it became necessary to develop electronics expertise within the department, not only to maintain the equipment in reliable working order but also to bring about developments of this equipment to improve and increase the scope of the diagnostic techniques. When this electronics expertise was available it seemed an obvious and sensible thing to use it, not only for the purpose which had brought it about, but also to produce those pulse amplifiers, electronic heart rate meters and measuring instruments, etc., for which the clinicians were beginning to express a need. For a few more years, most of the staff undertook an almost complete range of physics tasks but it slowly became clear that techniques were becoming sufficiently sophisticated and complex that a degree of specialisation would be useful. Consequently there has been an increasing tendency during the past few years for the staff to specialise in either radiation physics or non-radiation physics, and now even these groups are beginning to be organised into even more specialised sub-groups, such as those concerned with bio-engineering and data handling.

From being concerned with simply offering advice upon matters of radiation protection the "Radiation Group" became more concerned with operating a clinical diagnostic service in the hospital based upon the use of tests employing radioactive materials. The range and sophistication of these tests has now grown to such an extent that it was felt necessary to establish a separate department dealing exclusively with these matters, this department to be under the control of a physician with a special expertise in isotope techniques. Thus it was that the Department of Nuclear Medicine was founded a few months ago. Future developments in this field will be determined to a large extent by the medical consultant in charge of that department but it is worth noting here that there is still a considerable physics involvement in this work and all the indications are that the radiation physics staff co-operating with the new department will have an even more exacting and exciting time during the next few years than at any time in the past. M.N.M. & T.S.

The Dental Party

The production team of Nigel King, Dave Beardsley, Bob Milner and Steve Twiggs produced a show of outstanding quality and variety, both the visual and audio content being well up to scratch. Music was provided by the Bonnalie Matrix Band (Yan Zykowski, S. Twiggs, Andy Watts and Dick Glazebrook)—formerly the Ash Five—1.

Outstanding performances were given by Richard Woods playing Brett Day (as always); Kip Faulkner as Dranes, Cyril Jagger and A.D.R., Graham Dodsley as Cannon Ball; Willie Glitter and Eric Ashley; and not least by Mike Portelly as the compere Mr. Crapula.

The leg chorus starring Ken Rigg was up to its usual standard of loveliness, beauty and hairiness. Stage Manager Ian Dean and his assistant Mr. Bunyard provided us with the most spectacular Tower yet seen at a Dental Play and a tube of Colgate nearly as large.

The play defies description but we hope that the following photographs give some idea to the uninitiated.

One final thought comes to mind—surely the Party has reached such a degree of sophistication and consistent standard that two performances might be staged on consecutive evenings—possibly with the profits going to a suitable charity.

Mr. Bidet, Patient, O'Distal, Mr. Gibb, Mr. Clancy.

Bwana James, Tricky Dicky, Black Jack, Harry Winkle, Mr. O'Distal, Prof. Spiel; Prof. Sculley; Cannon Ball, Paterson (Colgate), Sailor, Fidel Castro. Compère Mr. Crapula.

Nurses: Miss Bennett, Sister Johnson, Mr. Clancy.

Smoking in Hospital

by J. J. Cogswell

One of the great dilemmas in medicine today is to find ways to reduce the gap which exists between knowledge about causation of disease, and the translation of this knowledge into practical preventive measures. The ill effects of cigarette smoking on health have been widely published[1], and are recognised by many doctors, yet the general public remains unconvinced. The publication "Smoking and Health Now"[1] reminded doctors that premature deaths and disabling illnesses caused by cigarette smoking have now reached epidemic proportions, and present the most challenging of all opportunities for preventive medicine in this country.

How have British hospitals responded to this challenge? A correspondent recently wrote to the *Times*: "I had to share a ward with three other patients, all smokers, and when as a non-smoker I complained to a nurse all she could do was to offer to open one of the windows a little wider"[2]. Many non-smokers would prefer the same freedom from tobacco smoke in a hospital ward which they can expect on public transport. In most British hospitals, outside the Intensive Care wards, no serious attempt is made to disallow smoking—indeed ash trays are provided.

Doctors have only two available approaches to checking the tobacco habit: education, and example. To stress the dangers of smoking to hospital patients is unlikely to carry conviction while patients, visitors, and even hospital staff smoke on the wards. The case for banning smoking from hospital wards is based on three arguments.

First, giving up smoking while in hospital is in the patient's own best interest. For the surgical patient who smokes post-operative lung complications may delay his discharge from hospital[3], and the antenatal mother who smokes can expect delay in the intrauterine growth of her baby. It is likely that there are many cigarette smokers who would welcome the chance to give up smoking while in hospital, and the evidence suggests that in such circumstances many smokers can give up without great difficulty[1]. It has been said that it would be cruel to the life-long tobacco addict to withdraw the opportunity to smoke in his time of stress[4]. This argument carries some weight for the long-stay patient, but if tobacco is a poison it seems entirely inappropriate to administer it to patients in acute hospital wards. In hospitals for the chronic sick, there may be a need for a smoking room (away from the main ward) where consenting adults can smoke in private.

The second reason why smoking should be banned in hospital is that a smoke filled atmosphere is unpleasant and disrespectful to the non-smoker. He has a right to protection, particularly as it has now been shown that measurable quantities of carbon monoxide[5]

and nicotine[6] are found in the blood of non-smokers when in the vicinity of cigarette smokers. The time has come for the medical profession to regard the non-smoker as normal, and the cigarette smoker as the deviant.

The third reason for banning cigarette smoking on hospital wards is educational. The hospital has an important part to play in formulating public attitudes and influencing the young. Cigarette smoking is now common in British school children[7], and such children are unimpressed by advice on the long-term hazards of smoking They are influenced by the behaviour of adults, whether teachers, doctors or parents. Until these adults respect the non-smoker the children never will.

Prohibition of smoking on hospital wards is workable and has been done elsewhere[3]. Why not here?

Department of Paediatrics,
Guy's Hospital Jeremy Cogswell.

1 A report of the Royal College of Physicians (1971).

2 Aremu, L. O. (1973) *Times* August 11.

3 Tinckler, L. F. (1973) *Lancet, ii,* 858.

4 Annotation (1973) *Lancet, ii,* 426.

5 Russell, M. A. H., Cole, P. V., Brown, E. (1973) *Lancet, i,* 576.

6 Homberger, F., Treger, A., Baker, J. R. (1963) *Journal of the National Cancer Institute, 31,* 1445.

7 Bewley, B. R., Halil, T., Snaith, A. H. (1973) *British Journal of Preventive and Social Medicine, 26,* 150.

Review

Guy's Hospital Snowflake Ball

The annual Snowflake Ball was held on the evening of 6th December in the East Wing of Guy's Hospital. The Ball is entirely run by the Students' Club who even do their own catering—which was this year organised by Miss Jane Bailey and Mr. Les Ross who masterminded the whole evening.

Over 450 people were entertained by several groups, a Disco, and by Mr. Lance Percival who provided the "star attraction" of the evening and soon achieved a very close rapport with the audience.

A new feature of the Ball was the Charity Tombola, organised by Miss Claudia Roe. The profits of this excellent scheme were spent on gifts for the children who spent Christmas in one of the hospitals in the group!

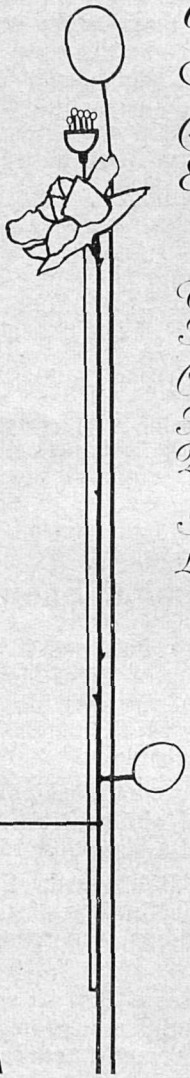
It is encouraging to see a Ball so well run—year after year—bringing together so many different people—not least of whom were the local tradesmen, the cleaning and catering staff and the many other people who were involved.

T.B.B.

1974 Rose Ball

at
The Grosvenor
House Hotel
Park Lane

on
Sat. 26th
January
8·00pm to 2·30am



Music by
The Dance Band
of the R.A.M.C
Discotheque

Tickets £9·75 double
K. Freeman
Charles Pugh
Mike Thomas
Peter Adams
Guys Hospital
London SE1.9.RT.

Guy's Hospital

NURSING

NURSE BANK

At the present time we are hearing a great deal about the shortage of trained nurses, at the same time hospitals are criticised for not making the best use of available manpower, and for their inflexible attitude to married nurses who have family commitments. Guy's Group of Hospitals is not so short of trained nurses as some others are, nevertheless, we do have vacancies, some of which prove hard to fill. We have, therefore, decided to adopt and adapt an idea already successfully tried out by some other hospital groups.

Many married nurses with family responsibilities would like to continue working in hospital, but are unable to commit themselves to full-time or even regular part-time hours. Often they are able to work during school term-time only, or for a few days or nights at a time at irregular intervals. Until recently, the only way open for these nurses to work at all was to register with one of the nursing agencies. This has proved very unsatisfactory to many nurses who feel deprived of the sense of commitment to a hospital. Agency nurses have no support from senior members of nursing staff and indeed, are often regarded with suspicion by hospital nurses who have been "once bitten" in the past. It is not easy to obtain references for time spent with an agency, so that if a nurse should wish eventually to return to a permanent post, she is unable to prove that she has had recent nursing experience. Because we at Guy's are sure that there are many nurses who would like to work on a casual week-by-week arrangement, we have decided to start a register of such nurses who would be available to help with our manpower difficulties. We shall call this, the Guy's Hospital Group Nurse Bank.

Nurses who are registered with the Bank are asked to telephone the Nursing Personnel Service each week on a Thursday morning and state the hours they are available for work during the following week; this may be up to thirty-five hours or as little as two evenings or one night. The hours offered by each nurse are then matched up with the needs of the various areas of the Group and a definite booking is made. Thus, each nurse is in control of the hours that she works. Pay is on an hourly basis, starting at the minimum rate for trained nurses. After one hundred hours of service with the Bank, the arrangement is assessed and the nurse decides whether or not she would like to continue working on the basis, if so, she is given the rate of pay appropriate to her length of service in the National Health Service. London Weighting is added to the basic rate in all cases, and so of course are any special payments for weekend or night duty. Uniform is provided by the Group and so Bank Nurses are seen to be part of the staff of the hospitals with all the benefits that this brings, such as support of senior members of nursing staff and the personnel department, and the ability to gain references for the time spent with the Bank.

It may be some time since a nurse last worked in hospital, in which case it can be arranged that she works for a few hours each week until her confidence returns. The Nurse Bank could provide a way to keep in touch with nursing until such time as a nurse is able to take up her career again after her family has grown up; the scheme could also provide a period of rehabilitation after a long illness.

If any nurse would like further information about the Nurse Bank, she should contact the Nursing Personnel Service by letter or telephone (407 3662 Ext. 69), or come in for an informal chat, we shall be pleased to see you.

CORRESPONDENCE

SIR,—I am leaving Guy's at the end of December and there must be very many people who have contributed to my happy years spent here and to whom I have not said a personal "goodbye", and I would just like them to know how much I have enjoyed being amongst them. At the beginning of January, I shall be taking up a new appointment at Whipp's Cross Hospital, Leytonstone, London E.11. and would always be pleased to see or hear from anybody who should wish to contact me.

Yours faithfully,

HILARY HYDE WHITE (Mrs.)
Nurse Tutor,
School of Nursing.

The Passim 1st December

SIR,—Your Passim of 1st December, gave much food for thought as did the original report on 17th November. The most striking omission from either discussion was any comment from the patients to discover why they come to Casualty and not their G.P. Surgery. Many of the patients around Guy's in my day regarded the Casualty as their G.P. in any sort of emergency because they felt their case would be so interesting for the young doctors. It is probably a very good thing that they continue to come, for it is probably still the only department where students meet a reasonably unbiased selection of emergency work.

It is worth remembering that the National Health Service is one of the very few Health Services that have maintained a tradition of patient care where a patient can only gain access to a Consultant opinion, with the advice and co-operation of his General Practitioner. This means, that with the exception of the Casualty Department, all patients attending Out Patients have already been filtered out of the mass of undifferentiated medical problems that are presented to the G.P. In our practice only 5 per cent of routine consultations are referred on to Hospital and many of these only need to see a consultant for technical reasons—access to physiotherapy, pathology and X-ray. If we were obliged to revert to the direct access to Hospital and Specialist "enjoyed" by patients in the E.E.C. I can see that Guy's might have something to grumble at. In the meantime let us help to maintain and improve the present system. I quite agree that Guy's students need training in Community Health (and its chief, unrecognised exponent, the General Practitioner or Primary Care Physican).

Let us hope that Guy's ensures that all students see the best of General Practice, by all means look at Thamesmead, but look at the more traditional forms of group practice that are still the best for semi-rural communities.

Yours faithfully,

37 Ashfield Road,
Leicester.

M. G. F. CROWE.

et al . . .

SIR,—May I please comment on your Passim of 1st December, in which you consider the reasons why patients prefer to come to Casualty rather than attend their local general practitioner?

Surely they come for practical rather than psychological reasons?

1. The door is always open.
2. They do not have to give notice of illness, neurotic or otherwise, before 10 a.m.
3. They do not have to get past unhelpful or indifferent receptionists.
4. They are never confronted by a closed shop-front type surgery displaying a notice directing them elsewhere.
5. They are fed-up with Health Centres festooned with notices telling them when **NOT:**
   (a) to call your doctor
   (b) to ask for a repeat prescription
   (c) to ask for immunisation when proceeding abroad for whatever reason.
   (d) above all to ask for a sick note which, alas, is still obligatory to safeguard Salary/wage/pension, in case of illness.

They know all these things and therefore do not waste time going to see what the notice says. They go to the nearest Casualty Department where a doctor is quickly found if he is needed and where no one is likely to be rude if he is not.

In short, they are human as doctors were before they discovered deputising services, ansafones and ancillary workers who are sometimes allowed too much authority and enjoy exercising it.

Yours faithfully,

Ravenshear House,
Pound Street,
Newbury, Berks.

MRS. MARNY HALLAM, S.R.N.,
Guy's 1931—1935.

SIR,—It is sad that in an editorial in the *Gazette* you should employ derogatory comments about neurotic patients who after all form the largest group of the sick community.

When the student reads remarks like "Of course casualty officers have got better things to do than soothe the brows of neurotic ladies or gentlemen," he can easily learn to adopt the attitude that neurotic patients are not worth treating. Even worse is the statement that "It is not possible to teach the students how to handle the patients' personal problems". This is very sad for Guy's, because other teaching hospitals have in recent years been developing techniques in this extremely important field of medical practice.

Yours faithfully,

249, Haverstock Hill,
Hampstead, NW3 4PS.

PHILIP HOPKINS.

SIR,—I read with interest your "Passim" of 1st December, which states that the doctor's method of handling the personal problems of a patient are largely self-taught. I cannot, however, accept that medical training produces an "efficient" practitioner, unless, of course, one includes in the term "training" preregistration and subsequent appointments.

It seems to me that the main aim of the newly qualified doctor should be to learn to apply his hard-earned knowledge with a sound clinical judgment, which is not something that can be taught to a student, however active. (A simple example is the oft-quoted opinion that one cannot teach fluid balance to someone who is not applying it). Naturally, the doctor gains further knowledge and application from the consultants and registrars with whom he works,

but the minutiae of hospital practice are equally important in promoting the organisation of the doctor's own mind—I was recently fortunate enough to hear a member of the medical staff of St. Christopher's Hospice speaking on the care of the dying, and was impressed by the quality of his patient contact, but I was more forcibly struck by the intense self-discipline and organisation that his practice revealed—in this case qualities that combined quite comfortably with humanity.

This may, as your article suggests, be well taught by trial and error, although I think this is basically inefficient and in practice the responsibility falls squarely on the ward sister. While it may be unfair to criticise the Salmon system in its relative infancy, I do feel that in gradually removing the ward sister of more than a few years' experience from the wards, it presents a very real threat to the education of the young hospital doctor. Certainly there is no one else in the present staff structure who has the time to provide the training and vigilance of which you speak.

I believe that a significant amount of medical time, effort, and indeed "grey matter" is and will be lost in this way, and that a solution can only be found with general recognition of the problem, not least from the Junior Hospital Doctor.

Yours faithfully,

Flat 18, Eastdown Park,
London S.E.13.

STEPHEN GOLDING.

Bed Sore

SIR,—Congratulations to your correspondent Mrs. Elizabeth Formby on her letter to the *Gazette* about bed-sores and patient-washing. A copy should be sent to every hospital in the country for the attention of all Nursing Staff and Hospital Management Committees; perhaps even to the Minister himself.

I am prepared to say, with reason, that some patients of mine who may have to spend a few weeks in hospital on their backs, will undoubtedly return home unwashed, and with sizeable bed-sores. Fortunately we have two Queen's Nurses in this area who can work wonders with bed-sores, and can also wash patients who are unable to wash themselves. I am glad that I trained when Miss MacManus held sway, and showed nurses and housemen alike what to do, and how to behave.

Yours faithfully,

The Keys,
Herstmonceux,
Sussex, BN27 4SU.

KEITH ROBSON.

Youth Work

SIR,—I should be grateful for a little space in the *Gazette* to make an appeal for help in the running of Caius House, Battersea. This is a social club which provides a range of facilities for people of all ages living in its neighbourhood and is now enjoying expansion in the range of its activities and improvement in its financial position. The area it serves is under extensive redevelopment and detailed forward planning of the role of Caius House in the new Battersea is being undertaken. There is a shortage of helpers for the 14 to 17 age group, both boys and girls, and I should be very glad to hear from anyone who would consider helping with this group on one or two evenings a week.

Yours faithfully,

East Wing,
Guy's Hospital.

P. J. ADAMS.

Guy's in the Yemen

SIR,—Dr. Rawlingson's sympathetic and well written article describing his stay in the Yemen was informative and enjoyable.

I had the good fortune to spend a few months in that country during 1964. At this time, while the Yemen civil war was at its peak, several Guy's students volunteered to join the British Red Cross surgical team which went out to treat the battle casualties.

During our stay, we all had a good deal of experience in treating sick children and I find it interesting that my impressions at that time regarding the pattern of disease are supported by the article.

Clearly, the children of Sana'a are grossly malnourished and subject to a high rate of morbidity from endemic and epidemic disease. The housing in Sana'a resembles the pictures one sees of London Bridge at the time of the Great Plague. Overcrowded, dirty, full of rats and vermin. Further north, in hilly, open country, we found the children still subject to endemic disease but to no great extent were they as malnourished or decimated by epidemic illnesses. These people lived in similar but smaller multistoried mud houses; less crowded and more sanitary. They appeared relatively well off for meat and green vegetables. Even further north, on the Yemen-Saudi Arabian border, we encountered the children of the nomadic, desert living, Bedouin Arabs. Apart from the high incidence of worm infestation and T.B., these children were well nourished and really the healthiest. The Bedouin, of course, move constantly and have rigid rules of cleanliness. They provide their children with the very best of available food; mainly mutton, cheese and goat's milk.

This whole picture represents to me a microcosm of the pattern of disease prevailing in Britain two or three centuries ago.

Dr. Rawlingson then questions the effects of introducing our medicine into that country. He is right to consider the principles, but we cannot deny people the offer of health. I shall never forget a child in our tented hospital who became more and more dehydrated despite our pathetic attempts to help; I shall always remember the look in his father's eyes as he took his dead son away to bury. Nor shall I forget a "hospital" we encountered in a Yemen town. It was crammed with jaundiced, dying people; without beds, helpers, drugs or hope. The floors were covered with excrement and flies.

Your footprints are in the sand, Dr. Rawlingson; I hope that more Guy's men will follow them to offer health to these people.

Yours faithfully,

Woburn Sands,
Bletchley, Bucks.

DR. D. J. RHODES.

Lovers

SIR,—I should like to thank all those people, too many to mention individually, who helped practically and gave moral support during the last Theatre Club production of "Lovers". Without these people the play could never have been produced or my ulcers prevented! I hope that after licking their wounds over the Christmas holiday they will all come back refreshed for next term's production, ... !

Yours faithfully,

East Wing,
Guy's Hospital, London, S.E.1.

RUDY BILOUS.

Christmas Panto

SIR,—I would like to take the opportunity of your columns to express thanks to all those who helped to make the Christmas Pantomime the success that it was.

My thanks go especially to the Medical School and staff for the use of the physiology theatre, the Theatre Club for the use of their equipment, and to many other authorities and staff around the hospital for their co-operation.

I was very pleased that the two packed audiences we played to consisted of a large percentage of patients. The cast thoroughly enjoyed playing to such a receptive audience, and we hope that they all enjoyed it.

I am also pleased to announce that we were able to raise £25, which has been given to the children's wards.

Yours faithfully,

East Wing, Guy's Hospital. T. M. BAYLIS.

Snowflake Ball

SIR,—The success of the Snowflake Ball this year was due to a great deal of work and preparation. I should like to thank all the students and staff who helped, especially Jane Bailey for the catering and David Fine for organising the decorations. To the above I must add Mr. Day with his bar men and especially the East Wing cleaning and catering staff, without whose help we would still be knee deep in debris.

Yours faithfully,

East Wing, Guy's Hospital. L. ROSS.

Snowflake Ball Tombola

SIR,—£46.50 was raised at this excellent event and will be given to the Children's Wards to buy presents for those children who will be in hospital for Christmas.

We should like to thank Alison Buckley, Jane Branber, Diana Gross and Kathryn Allen for their help.

Yours faithfully,

East Wing, Guy's Hospital. CLAUDIA A. LLOYD ROE.

SPORT

HOCKEY

Guy's 1st XI vs. Westminster 1st XI

2nd round of U.L. Cup.

Result : Won 2—1

Having overcome the problems of few trains and little petrol, Guy's arrived at Cobham determined to win against a very useful Westminster team. Our hopes were fulfilled in a game that showed some very promising hockey from both sides.

The match was remarkably clean considering the physical effort present in all Cup matches. The fact that it was controlled by an international umpire may well have had something to do with it!

Guy's attacked from the start with some very useful moves down both wings. However, the ball frequently failed to reach the circle and if it did there was no one in the right position to have a crack at it. The main problem was one of failure to run into space and failure to change the pace of attack, allowing the Westminster defence time to continually reorganise. Westminster had few attacks in the 1st half. Thus the score at half time 0—0.

Ten minutes into the 2nd half Guy's were awarded a short corner—something that we were done out of in the 1st half. The shot was half stopped and Bob Fell, B.D.S. of 12 hours, eased it on its way into the net.

Guy's didn't relax and a short while later a "bulldozing" sprint into the circle by J. Horton provided the second goal as he laid the ball across to R. Fell waiting at the far post.

Unfortunately Guy's did relax slightly after this and when Westminster had a free hit on the 25-yard line several defenders, who shall remain nameless—M. Selley, J. Cottingham and myself, missed the ball and the Westminster winger didn't : 2—1.

Westminster kept the pressure on for the last few minutes but Guy's defence weren't going to be caught with their shorts down again. The final whistle went, as the light faded, and we made our way to the bar to celebrate getting into the next round. We look forward to meeting Westminster in the 1st round of the U.H. Cup in January.

Team: J. Cottingham, G. Sparrow, J. Clark, P. Duckworth, M. Selley, P. Nicol, J. Horton, R. Fell, J. Vafidis, R. Burns, C. Hendy.

Substitutes: I. Phoenix C. Crawshaw.

Umpire: K. Lockhead. G.S.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Registrar** in the Department of Conservative Dental Surgery for 4 sessions a week commencing as soon as possible. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

require as soon as possible a **Locum Senior Registrar** in Psychological Medicine for one month in the first instance to be based at St. Olave's Hospital, S.E.16. Applications should be made to the Superintendent, Guy's Hospital, London, SE1 9RT.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of post-registration **House Officer** for the Evelina Children's Hospital for six months commencing 1st February, 1974. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of three **Senior Registrars** in Anaesthetics under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board.

The posts are three-year appointments and rotate between Guy's Hospital, Greenwich Hospital and the Regional Cardio-Thoracic Centre at Woolwich, one year being spent at each Hospital. Experience will be obtained in all branches of anaesthesia and the successful applicants will have opportunity for research. Further information may be obtained fom the hospitals concerned.

Application forms ae available from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Locum Senior Registrar or **Registrar** in Thoracic and Cardio-Vascular Surgery required from 1st January, 1974, for a period of one month in the first instance, to be based at The Brook General Hospital, London, S.E.18. Applications should be made to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in Ear, Nose and Throat Surgery, with duties to commence as soon as possible until 30th September, 1974.

Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

THE BOARD OF GOVERNORS OF GUY'S HOSPITAL, THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET, AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Comprehensive Training in General Surgery

Applications are invited for the appointment of two **Registrars** in General Surgery, one commencing as soon as possible and the other 1st April, 1974. The posts will be held at Guy's Hospital, Hospital for Sick Children, Great Ormond Street, and in the Tunbridge Wells, Lewisham, Greenwich and Bromley Groups, and are part of an integrated rotational training programme offering security and flexibility. The scheme aims at poviding a complete training in general surgery and is co-ordinated by Professor McColl. In order to avoid training too many registrars for consultant general surgical appointments in this country, a proportion of the posts in this training scheme are being given to candidates who wish to obtain General Surgical experience before taking up a specialist training, or intend to return to their native lands.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL

Applications are invited for the following house appointments due to begin on 1st March, 1974, for a period of six months. Forms of application are available from and should be returned to the Superintendent not later than **23rd January, 1974.** The Superintendent will be available in his office between 1.00 and 2.00 p.m. on Friday, 18th January, to give advice on applications for house appointments, to anyone requiring it.

The following house appointments will be made for six months and normally will be open to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

GUY'S HOSPITAL

House Physicians .. .. .. (3)

House Surgeons .. .. .. (3)

Throat and Ear House Surgeon .. (1)

Gynaecological House Surgeon .. (1)

Genito-Urinary House Surgeon .. (1)

Orthopaedic House Surgeons .. (3)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere.

House Physician .. .. .. (1)

House Surgeon .. .. .. (1)

Thoracic House Surgeon .. .. (1)

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) .. (1)
(Preference given to second six months' candidate)

House Surgeon (pre-registration) .. (1)
(Preference given to second six months' candidate)

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (2)
(pre-registration)

REGIONAL HOSPITALS

Preference will be given to second six months' candidates for the following posts, but first six months' candidates may apply.

BECKENHAM HOSPITAL

House Physician .. .. .. (1)

House Surgeon .. .. .. (1)

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone (1)

House Physician to Dr. Elliot, Dr. Colover and Dermatology .. (1)

House Surgeon to Mr. Williams, Mr. Park and Mr. Stoker .. .. (1)

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases .. .. (1)

LEWISHAM HOSPITAL

House Physician to Dr. Llewellyn-Smith .. .. (1)

House Surgeon to Mr. Le Brun .. (1)

House Surgeon to Mr. Cavendish .. (1)

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson .. (1)

House Surgeon to Mr. Candy and Mr. Stoker .. .. (1)

PEMBURY HOSPITAL

House Surgeon .. .. .. (1)

House Physician .. .. .. (1)

ST. HELEN'S HOSPITAL—HASTINGS

House Physician .. .. .. (1)

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Registrar** in Dermatology from 1st February, 1974, for appoximately two months. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology with duties to commence on 23rd February, 1974, until 30th September, 1974, in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in Dermatology for the period 1st April, 1974, until 30th September, 1974. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **1st February, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** in Anaesthetics from 1st March, 1974, for a period of six months in the first instance.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of 4 **Casualty Officers** (Resident) (Senior House Officer Grade) at Guy's Hospital for the six months' period commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident Paediatric **House Physician** (post-registration) at the Evelina Children's Hospital for a period of six months from 1st April, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** (Resident) in Gynaecology at St. Olave's Hospital for a period of six months commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, ***as soon as possible.***

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) for a period of six months commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Obstetrician** (S.H.O. Grade) for a period of six months commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Psychiatry at St Olave's Hospital (Resident) for the six months' period commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of part-time non-resident paediatric **Casualty Officer** (Senior House Officer Grade) at the Evelina Children's Hospital of Guy's Hospital for a period of six months commencing 1st March, 1974. Six morning sessions, salary 7/11th of the full-time rate.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of post-registration **House Physician** (resident) to the Department of Paediatrics at Guy's Hospital for a period of six months from 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, ***as soon as possible.***

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of resident **Senior House Officer** (Medical) to the Renal and Transplant Units to commence on 1st March, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Resident) to the Rheumatology and Rehabilitation Unit at New Cross Hospital for a period of six months commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, ***as soon as possible.***

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital commencing 1st March, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, ***as soon as possible.***

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Neurology (Resident) for the six months' period beginning 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Dermatology (Resident) for the six months' period commencing 1st March, 1974.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** in the Department of Psychological Medicine (3 posts) commencing 1st March, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

BIRTHS

WILLIAMS: To Christina (née Lawrie) and Christopher, a son, Duncan, a brother for Caroline.

RICHARDS: On 1st December to Ann and Tony Richards, a son, John, a brother for Andrew.

CHANGES OF ADDRESS

Martin and Holly Wheeley have moved to 150 Paston Ridings, Peterborough, PE4 6YF.

Tony and Morna Murgatroyd, 42 Barncliffe Road, Sheffield 10, Yorkshire. Tel. Sheffield 304787.

PERSONAL

HINDHEAD, SURREY. All-Guy's progressive four-man Dental Practice with own laboratory requires replacement fourth man. Permanent post with high proportion private practice. Full supporting staff. Good conditions, in country area half-way between London and coast. Tel. Hindhead 5802.

KIMBOLTON, HUNTINGDONSHIRE. Group Practice requires third partner after short assistantship (three months) with parity at end of first year. A congenial way of life in a Dispensing Practice of 6,000 with full ancillary help. Open access for Pathology, Biochemistry and X-ray at Huntingdon and Cambridge. Own E.C.G. Six miles west of Great North Road, London 60 miles, Cambridge 25 miles, Bedford 14 miles. Candidate needed for 1st April. Please apply in writing to Dr. John V. Kilby, 31 High Street, Kimbolton, Huntingdon, PE18 0HB.

SMALL UNFURNISHED FLAT wanted for mature business lady. Reasonable rent. Permanent let. Kent area preferred. Close to London. Farnborough (Kent) 58530 evenings. 01-407 7600 Ext. 357 daytime.

TYPING. Theses, papers, articles typed by qualified medical secretary. For details 'phone 690 4311, extension 4.

PAPERS BY GUY'S MEN

Jackson, Sir R., Air Vice-Marshal. The value of routine electrocardiography. **The Practitioner,** Aug. 1973.

Maclean, K. S., Dow, J. D. and another. Low dose urokinase in major pulmonary embolism. **Lancet,** 1973, **2,** 409.

Mainwaring, P. Preventive dentistry. (Correspondence). **British Dental Journal,** 1973, **135,** 190.

Maruhama, T. and Macdonald, I. Incorporation of orally administered glucose-U-^{14}C and fructose-U-^{14}C into the triglyceride of liver, plasma and adipose tissue of rats. **Metabolism,** 1973, **22,** 1205.

Mims, C. The immune response to viral infection. **British Journal of Hospital Medicine,** 1973, **10,** 385.

Meredith, H. C. The work load and morbidity in a country general practice. **N.Z. Medical Journal,** Oct. 1972.

Neill, D. J. and Roberts, B. J. The effect of dental fixatives on masticatory performance in complete denture patients. **Journal of Dentistry,** 1973, **1,** 219.

Neville, B. G. R. Diagnosis of childhood spinal muscular atrophy. **British Medical Journal,** 1973, **4,** 236.

Northfield, T. C. and another. Postprandial concentrations of free and conjugated bile acids down the length of the normal human small intestine. **Gut,** 1973, **14,** 513.

Panayi, G. S. Response of rheumatoid-synovial-fluid lymphocytes to non-specific mitogens. **Lancet,** 1973, **2,** 512.

Patterson, W. M. Maternal death due to undiagnosed left renal artery aneurysm associated with an absent right kidney. ***Proceedings of the Royal Society of Medicine,*** 1973, **66,** 761.

Seller, M. J. (1973). AFP and anencephaly. **World Med., 9,** 3, 12 (letter).

Seller, M. J. and Benson, P. F. (1973). In vivo effect of adenosine 3', 5'-monophosphate on Ehrlich Ascites tumour cells. **Europ. J. Cancer, 9,** 525-526 (letter).

Siggers, D. C., Boyer, S. H., and Kreuger, L. J. Caveat to protein replacement therapy for genetic disease—immunological implications of accurate molecular diagnosis. **Lancet,** Sept. 1973.

GUY'S HOSPITAL GAZETTE

EDITOR — T. B. BARNES
ASSISTANT EDITOR — K. N. BULLOCK
SPORTS CORRESPONDENT — G. MOULDING
NURSING CORRESPONDENT — Miss P. M. JEFFERIES
BUSINESS MANAGER — Mrs. J. PATTERSON
PHOTOGRAPHER — S. J. TWIGGS

FORTNIGHTLY — TWELVE PENCE — VOLUME 88 — NUMBER 2229

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

WHAT HOPE FOR THE PATIENTS?

For the past two or three years, the hospitals in this country have been attempting to prepare themselves for the re-structuring of the health service. The words nineteen seventy-four are mentioned in ominous sounding tones, as if pertaining to the day of doom.

The past few years, have not been particularly good ones for the hospitals. First the Salmon reorganisation of nursing administration caused, and is still causing much upheaval and unhappiness. The medical profession has persisted, with good reason, in its claim that standards of nursing have declined, and all but the most belligerent and inflexible members of the nursing body in this country agree with them. Those people who do disagree, are, for the most part, those who had very little experience as clinical workers, and who reached the top, with little or no knowledge of the job for which they were trained.

No sooner had an intimation of a sense of equilibrium begun to return to nursing, than the Health Service changes became imminent. Furthermore, the post of Chief Nursing Officer, which had only existed for a mere five years, was to be eliminated, thus meaning that those who had been appointed to those posts, had not even had time to establish their function. As a result of all this, two great disadvantages have become apparent.

In the first place, the senior members of the nursing profession, having only just become accustomed to their new career structure, were faced with the ordeal of having to undergo the trial of applications for new posts yet again, and the uncertainty of waiting to be informed of short lists, with the distinct possibility of becoming redundant at the end. This, not surprisingly has caused much unrest, which

unfortunately has not been confined to those directly concerned. In fact it has filtered down through the ranks, and has had marked repercussions at much lower levels.

In the second place, one wonders just what the benefit to the patients of all this will be. What will they acquire from all the alterations? Is the new Health Service really designed with them in mind? Or is it merely to give the government greater direct control over the hospitals? The Salmon structure of course did absolutely nothing for the patients, and there are distinct indications that the present upheaval will have a similar devastating effect. It would appear that it is merely a bureaucratic exercise, and that the new regional and area officers, will be simply pawns on the governmental chess board.

How pleasant it would be, if these plans could be formulated in the interests of those whom they purport to serve. If the patients were considered as the pivot of a circle from which radiated all the structuring, it would surely make more sense. As it is they are regarded as pure incidentals who happen to provide a source of occupation for the country's largest employer.

GUY'S DIARY

FEBRUARY

4	M	1.00 Clinical Lecture. Professor McCOLL. "Problems in the Treatment of Peptic Ulcers"
7	Th	1.00 Clinical Lecture. Dr. PARSONS. "Malaria"
8	F	100 Clinical Lecture. Dr. CAMERON. "Joints and Kidneys"
11	M	1.00 Clinical Lecture. Dr. HYAMS. "Practical Differences between Geriatric and General Medicine"
12	Tu	1.00 Clinical Lecture. Mr. BLACKBURN. "Faecal Fistula"
14	Th	1.00 Clinical Lecture. Dr. PARSONS. "Leishmaniasis"
15	F	1.00 Clinical Lecture. Professor POLANI.

EARN £1,898 AS A STUDENT AND BE A NAVY OFFICER.

If you are qualifying in 1976 you're in the running for a Dental Cadetship.
A guaranteed salary, all your fees paid and the rank of Sub-Lieutenant.

Then, on qualifying, you join us for a five year Short Career Commission.

We promote you to Lieutenant and your pay goes up to £4,099 a year.

And on top of this, you'll get a tax free gratuity of at least £1,500 at the end of your commission.

While you're at sea, you'll be responsible for the dental health of the whole ship's company. And if you're ashore, you may look after their families as well.

Wherever you are, you'll enjoy the travel and good company that a Naval Officer gets. (As well as students, we also take on qualified dentists for a five year Short Career Commission. They can apply on qualification.)

If you'd like to know more about the advantages of training and practising with the Navy, let us know your age and qualifications. And we'll send you a booklet and tell you how to get an interview.
Write to: Surg. Capt. (D) G. J. Boyd, F.D.S., R.N., (26 AF2) Empress State Building, Lillie Road, London SW6.

RN ROYAL NAVY

NEWS IN BRIEF

New Appointment

Dr. C. A. Ramsey, M.D., M.R.C.P.

Dr. Colin Ramsay has recently been appointed as Dr. E. J. Moynahan's successor in the Department of Dermatology.

He graduated from King's College Hospital Medical School in 1959, and after working in paediatrics, infectious diseases and general medicine, commenced his study of dermatology in 1964 at the London Hospital. In 1968-69 he worked as a Post-Doctoral Research Fellow in Dermatology in the United States of America and then returned to St. John's Hospital for Diseases of the Skin. He was appointed a Senior Lecturer at The Institute of Dermatology and Honorary Consultant Dermatologist at St. John's Hospital for Diseases of the Skin in 1971. Dr. Ramsay's principal research interests are in the effect of sunlight on normal skin and in photosensitive skin disease.

Postgraduate Weekend Course

The Postgraduate Medical Federation will hold a weekend course in paediatrics for General Practitioners and local authority Medical Officers, entitled "Paediatric Problems and their Solution." This will take place at the Evelina Hospital on Saturday, 2nd March, and Sunday morning, 3rd March, 1974. Applications for a place on the Course should be made to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1 as soon as possible.

Obstetrics Revision

Owing to administrative difficulties it is regretted that there will be no formal revision lecture course in Obstetrics and Gynaecology this time. Would anyone wishing for revision please contact Miss Newton, Department of Obstetrics, and every effort will be made to arrange for tutorials.

Hockey

The Past vs. Present game will take place on Sunday, 3rd March, at H.O.P. Bully off 2.30 p.m. The Past side will be captained by Mr. R. Lallemand. Will those wishing to play please contact Phil Nicol at 01-858 4930.

Correction

We regret that owing to a misprint, issues for 17th November, 1st and 15th December, 1973, were wrongly numbered 2245, 2246 and 2247 respectively. These should of course read 2225, 2226 and 2227.

Group Accommodation Office

A Group Accommodation Office has now been established to assist staff in obtaining residential accommodation. The office is in charge of Mrs. J. M. Webster and is located temporarily on the ground floor of No. 24 St. Thomas Street.

British Railways—Industrial Action

Consideration will be given to the reimbursement of staff for additional expenses incurred in travelling between their homes and the hospitals as a result of recent industrial action by British Railways' staff. Any member of the staff who wishes to submit a claim for such an ex-gratia payment should complete a claim form obtainable from Hospital Secretaries or the Cashier in the Counting House and hand it to the Head of their Department for counter-signature. Completed claims should be sent to the appropriate Hospital Secretary or in the case of Group Departments to the Deputy Clerk to the Governors.

Claims for the period between 12th December, 1973, and 20th January, 1974, must be submitted by 11th February. Claim forms for the period after 20th January will be issued on 18th February or on settlement of the dispute if this is earlier.

When you've finally qualified, how far in debt will you be?

It's pretty rare for a doctor's parents to add up every penny he's cost them and to demand repayment.

But quite a few doctors go through life trying to recompense their parents for the sacrifices they made.

The Army offers a means of relieving this burden.

If you're under 25 with a place at a British medical school and a second MB or equivalent, you can apply for a Medical Cadetship. (If you're about to take your second MB you can still apply but acceptance depends on you passing.)

This will pay you £1,898 p.a. plus allowances and all your fees.

When you qualify you pay us back with 5 years service.

Which isn't a bad deal because we'll give you the rank of Captain and up your money to £4,099 p.a. In all likelihood you'll travel abroad and see a bit of the world.

You'll get 6 weeks paid holiday a year and when your time is up you'll have had five years GP experience looking after soldiers and their families.

You could enjoy it so much that you'll want to apply for a Regular Commission.

But if you want to get out we'll understand and we'll give you a gratuity which could be as much as £2,600 (depending on how much of your medical training we paid for).

If you're interested write to Colonel A. R. Worthington, MB, MFCM, DTM & H, RAMC, Ministry of Defence (AMD2), Lansdowne House, Berkeley Square, London, W1X 6AA.

He will send you full information on the educational and career possibilities in the Royal Army Medical Corps. He can arrange for you to chat with an officer in the corps so that you can hear about the life at first hand.

When all is said and done you may decide that you don't want to know. But it will cost you nothing to find out.

RAMC Officer

Dr. Charles Johnson

We regret to announce the death of Charles Johnson, who died on 6th November, 1973. Dr. Johnson qualified at Guy's in 1928 and became Mr. Mollison's Registrar. After the war he became very interested in the Police Surgeons' Association, of which he was later President. He was also a member of the Steering Committee of the British Academy of Forensic Medicine and with Dr. Francis Camps to realise the aims of the committee.

Guy's Hospital Biennial Dinner

This year's Biennial Dinner will be held at the Connaught Rooms on Friday, 4th October, 1974. Further details will be announced later and it would be appreciated if all qualified Guy's men and women, medical and dental, will make a note of this date.

Cheap Student Travel

The N.U.S. Travel Service in conjunction with British Rail are offering 50% reduction in the cost of rail tickets. Students are obliged to buy a special rail card from the N.U.S. costing £1.65 and reduction will be given on fares of £1 or over (single) and £2 return. The concession does not apply to student nurses, students over 27, and cannot be used for commuter travel and some inter-city trains. Further information should be sought from the N.U.S. Travel Service.

Clubs' Union Elections

On 15th January, Mr. David Fine was elected President of the Clubs' Union and Miss Jane Bailey Vice-President. Full details of all the election results will be published in the next *Gazette*.

Federation Dentaire Internationale

The 62nd Annual World Dental Congress of the F.D.I. will be held at the South Bank Complex (Festival Hall) between 8th and 14th September, 1974. Further details and application forms can be obtained from the Congress Office, 43 Charles Street, London, W.1. The fee for dental students for the entire Congress is only £5 and application should be made through the B.D.A. Dental students at Guy's who would like to become involved with the Congress and as ushers are invited to apply to the Editor.

An experimental course in the understanding of sex

Sexology is but one of the many aspects of Medical Education that tends to be shelved when one is faced with the mass of classical factual knowledge required for finals. On the whole, it's a mistake if one touches on the subject—the postscript of an afternoon tutorial. Even those few schools that do attempt to broach the subject restrict the course to medical students only, when it would seem to be relevant to all students working within a hospital environment.

Courses in Sexology in Medical Schools are by no means a new topic: American Medical Schools all have a course built into their curricula, and a few British Medical Schools have rudimentary courses, but this seems to depend on individual interest rather than specific school policy. Articles written in all the professional magazines repeatedly stress the need for courses to be introduced into Medical Schools: and yet the monolithic medical curricula remain static.

On a local level, interest—and that's all—runs at a high pitch: "Ah, but wait until you have your new clinical curriculum"; but the present student continues to be neglected. It is a truism that "education" is the common denominator for all students working within an educational institution, and in an attempt to broaden its sphere of activity, the Students' Club embarked on a trial project of organising a lunchtime lecture : this took the form of a "Horizon" film dealing with population growth and control and was supplemented by pamphlets issued by the F.P.A.

As a sequel to this trial, a very limited course in Sexology has been organised and will be run in February. The course consists of a series of four sessions at which Professor Wagner, a Psychologist attached to the Department of Obstetrics and Gynaecology in Washington University, and Dr. Christopher, psycho-sex instructor for the F.P.A. will present the following topics :—

14 February : "Contemporary Sexual Issues."

18 February : "Homosexuality and Other Sexual Variations."

19 February : "The treatment of Sexual Dysfunction."

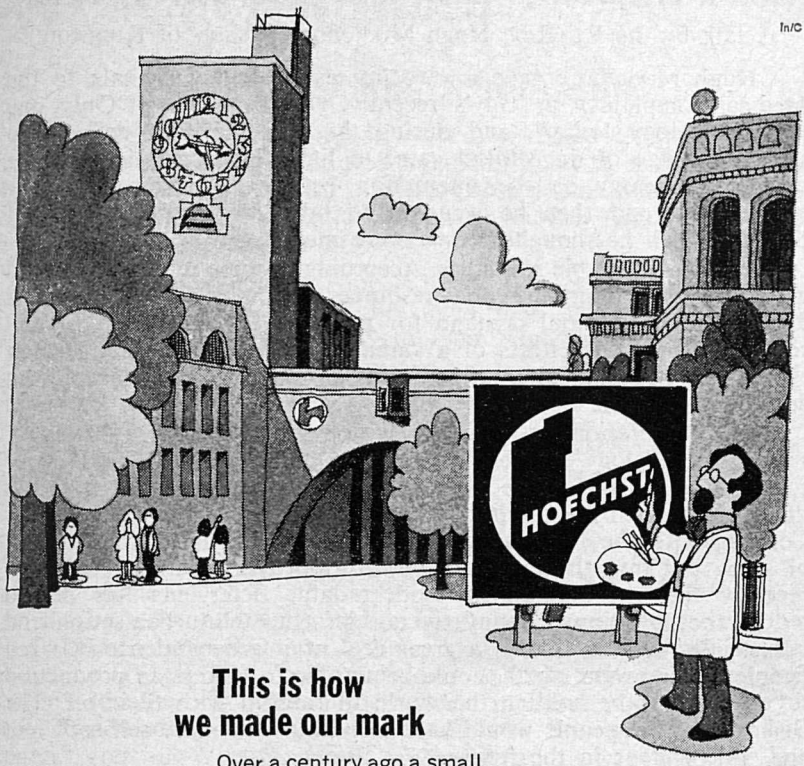
21 February : "Marital Problems."

22 February : "Sexual Intercourse." A film by Martin Cole.

Each topic will be given in the Anatomy Theatre at 5.00 p.m., and followed by informal discussion on a group basis for those who wish to stay.

Although the course has been organised by the Students' Club Council it is intended to be open to all sections of the Hospital, not just medical and dental students.

In/C



This is how we made our mark

Over a century ago a small dyestuffs factory opened in a little town near Frankfurt. The town– Hoechst.

Pharmaceutical manufacture followed and early successes were the analgesics and antipyretics Novalgin®, Antipyrin® and Pyramidon®.

Hoechst shared the triumphs of Nobel Prize winners Emil von Behring, the founder of immunology, and Paul Ehrlich, discoverer of Salvarsan® the key to chemotherapy.

In the 1920s, Hoechst first made Insulin and continuing progress has led to today's products, Rastinon, Daonil, Lasix, Synadrin, Daneral-SA, Jadit, etc.

Hoechst now has 140,000 employees and last year spent £60 million on research and development.

We're ensuring tomorrow's progress. Mark our words.

We pronounce it HERKST

HOECHST PHARMACEUTICALS *A Division of Hoechst UK Limited*
P. O. Box 18 Hounslow Middlesex TW4 6JH Telephone: 01-570 7712

Hoechst-a name you need to practice

Medical Chaplaincy—"Only one world, Ecology today"

A talk by the Rt. Rev. Hugh Montefiore, Bishop of Kingston

Hugh Montefiore gave a very interesting and witty talk to the Medical Chaplaincy at Guy's recently. His theme was "Only one world, Ecology today", and during the talk his own enthusiasm and knowledge of the subject came to light. He began by defining the word ecology as the interaction between animals and their environment and then he went on to talk about four aspects of ecology which he thought people were most interested in today.

1. Non-renewable resources. According to some reports the world will run out of non-renewable resources by the year 2020. This is due to the exponential demand for products such as coal, oil and certain metals. The effects of a cutback in oil and coal can be felt at the moment, but alternative forms of power should have been developed by then.

2. Co-operation between the nations is the only real way of solving the ecology problem. In the past, America and Russia have co-operated to reduce the amount of radioactive material put into the atmosphere by exploding all nuclear warheads underground. In London, with the introduction of smokeless fuel laws, the amount of smog put into the air every year dropped dramatically and just recently the introduction of biodegradable detergents has helped reduce the pollution of many rivers. Unfortunately urbanisation and industrialisation has led to a great deal of interdependence between people to the extent of 20 people being able to hold up a production line or the Arabs holding the world to ransom with their oil. The Bishop felt that people would have to become far more self-sufficient and independent in the future.

3. Hugh Montefiore's third point was about the population problem which he felt was inversely related to the demand for food; people in this country are very overweight and eat well and the population rate has stabilised just above the replacement level, whereas in the developing countries, people are desperately short of food and yet they have the highest birth rates. Recent developments in agriculture such as artificial fertilisers and factory farming, whilst having a beneficial short-term effect only make matters worse in the long-term with the pollution they cause.

4. The Bishop ended his talk by pointing a finger at the organisations who use money gained charitably to buy Western technology and send it out to the developing countries. Every tractor they send out to India puts four people out of work whereas what these countries need most is small-scale technology geared to people and not machinery so that their one resource, people, is put to best use. Hugh Montefiore finished by saying that he was hopeful about the future of the world whilst there was still change in the world and that we would, as the future rulers, at least be aware of the problems that the world has to face.

It is a great shame that so few people come to these talks arranged by the Medical Chaplaincy as the standard of the speakers has been very high.

Rodger Martin.

NOTICES

ALFRED RYCROFT SCHOLARSHIP

Dental students in their final year are invited to apply for an award from the Alfred Rycroft Scholarship Fund to enable them to spend one month in America at Tufts (Boston), the State University of New York at Buffalo Dental Schools or another American Dental School during the summer of 1974.

The value of the scholarship is likely to meet the cost of travel, board and lodging. It should be noted that successful applicants will be required to act as hosts to their American counterparts.

Application forms may be obtained from the Dean's office and should be submitted by 15th February 1974.

The sub-Dean of Dental Studies will be pleased to discuss the matter further with any student who is interested and an appointment can be made to see him by ringing ext. 672.

WEST SOMERSET RE-UNION

Friday, 15th March, Postgraduate Centre, Musgrove Park Hospital, Taunton. Buffet Supper, £2 per head exclusive of wines (available at modest price). 7.30 for 8 p.m. Informal dress. Old Guy's doctors, dentists, nurses, radiographers, physiotherapists: anybody who trained professionally at Guy's and who lives or works in the general area of West Somerset. Husbands and wives welcome. L. Wynn Houghton, F.R.C.S., will be M.C. Apply before 2nd March to:

A. E. Parrott,
Powlett House,
High Street,
Taunton, Somerset, TA1 3PN.
(Taunton 3073, or 81544 outside surgery hourse)

GUY'S HOSPITAL GAZETTE

MANAGERESS

Guy's Hospital Gazette is a fortnightly publication and a Manageress is required to take charge of the business side. Duties include administration, accounting and typing, and call for attendance from 10 a.m. to 4 p.m. Mondays to Fridays. Salary £1,500 per annum. Would suit lady requiring congenial part-time appointment (Age immaterial); who is

Application to Dr. G. W. Scott, Keats' House, Guy's Hospital, London S.E.1. Further details of duties from Miss Myers, telephone 407 7600, Ext. 475.

The Chronic Schizophrenic in the community

Barbara L. Hudson

"Absolutely in need of institutional treatment" wrote Kraepelin in 1919 of Dementia Praecox, now called Schizophrenia. "As the patients neither quickly die off like the paralytics, nor become in considerable number again fit for discharge like the manic-depressive cases, they accumulate more and more in the institutions and thus impress on the whole life of the institutions, its peculiar stamp." In 1968, J. K. Wing described that peculiar stamp; he said that the simplest way to discover the quality of a mental hospital was to look for the "shambling gait, the bent posture, the stereotyped movements, the eternal mumblings, the inactivity, the apathetic conformity, the distaste for company, the dull and vacant look of the well-institutionalised patient." But by the mid-fifties, new drugs had begun to change the picture, and with the advent of injectable long-acting phenothiazine in the 60's, the chronic schizophrenic is more likely to spend the greater part of his time in the community and to avoid the long-stay wards. The schizophrenic discharged in 1971 had, in most cases, spent no more than eight weeks in hospital. (Department of Health and Social Security, 1973).

Despite this immense improvement, the care of the schizophrenic continues to present serious problems; how to avoid frequent readmissions due to acute relapse, how to prevent chronic disability in the community, how to alleviate the immense burden carried by the relatives. Hirsch *et. al.* (1973) concluded from their double blind placebo trial of fluphenazine decanoate, that the drug had a powerful effect in preventing and ameliorating both schizophrenic symptoms and deterioration of behaviour and social functioning, but added that "with the greater control of florid symptoms which treatment provides, the management of residual disability will become an increasing problem". Leff *et al* (1973) pointed out that acute relapse can still occur if environmental stresses are severe. There is a large and accumulating body of evidence that schizophrenic patients are especially susceptible to the effects of their psychosocial environment. If this is neglected, the drugs cannot fulfil their potential, and the patient will suffer severe deterioration in his capacity to enjoy or contribute to the social and economic life of family and community.

The psychosocial environment can affect the schizophrenic in three ways and three aspects of his life-style must be considered with a view to therapeutic intervention: overstimulation, which may increase the probability of acute relapse; understimulation, which may maintain or worsen chronic disability; inappropriate reinforcement contingencies, which may develop or perpetuate maladaptive habitual behaviour.

Overstimulation. This may be defined as the exposure of the patient to events or situations that call forth strong emotion or

make excessive demands on his coping abilities. There is suggestive evidence that the schizophrenic may be more sensitive to environmental stimulation than the normal person, and that his withdrawal behaviour may be a necessary defence for the schizophrenic, who, if prevented from adopting it, may suffer acute relapse (Venable and Wing 1962; Venables 1968). Sudden placement in new and demanding situations. (Wing *et al* 1964) group psychotherapy, (Stevens 1973), disturbing life events (Brown and Birley 1970; Leff *et al* 1973), and contact with emotionally involved relatives (Brown *et al* 1972) have all been implicated in the emergence of florid psychotic symptoms.

Understimulation is a major factor in "institutionalisation", the ill effects of which have been conclusively indicted in the investigation by Wing and Brown of schizophrenics in mental hospitals : "clinical poverty" assessed in terms of social withdrawal, flatness of effect and poverty of speech, correlated significantly with "environmental poverty", the most harmful feature of which was "time spent doing nothing". The conclusion of these researchers was that "a substantial proportion, but by no means all, of the morbidity shown by long-stay patients is a product of their environment". They point out that schizophrenics are more vulnerable to the effects of institutionalisation than others (Wing and Brown 1970).

It should be borne in mind that institutionalisation can also exist in the community. Studies by Brown *et al* (1966) and Stevens (1972), in the community, and by Apte (1968), in hostels, show that discharge from the mental hospital does not automatically solve the problem.

Other investigations highlight the beneficial effects of providing suitable activity, though it should be stressed that this must take the form of neutral stimulation and not overstimulation. Examples of helping measures of this kind are provision of industrial and occupational therapy, and placement in an Industrial Rehabilitation Unit. (Wing and Brown 1970; Wing 1960; Wing and Freudunberg 1961; Wing *et al* 1964).

The Environment seen from the learning theory point of view. The environment must also be studied in terms of reinforcement contingencies—or learning conditions which may maintain or modify the behaviour of the schizophrenic patient. Research in the field of Behaviour Modification has shown that if social or tangible reinforcements are made contingent on rational behaviour, the amount of irrational or psychotic behaviour shown by chronic patients will decrease; the rearrangement of contingencies has also been successful in modifying other maladaptive behaviour such as feeding disorders, mutism, failure to take care of personal hygiene, or to take part in activities. (Ayllon and Michael 1969; Ayllon and Haughton 1964; Ayllon and Azrin 1968; Atthowe and Krasner 1968). This work has taken place almost exclusively in mental hospitals, but it is logical to conclude that the relationship between behaviour and its reinforcing conditions continues to operate in the hostel and in the home.

The Family Environment. Interest in the domestic environment of schizophrenics has led to many investigations of family relationships, mainly directed towards the search for an aetiological explanation of the disease and marred by the difficulty of demonstrating causal relationships. However, the effects of over- and under-stimulation and of learning conditions in the home have been shown to be of great importance. Brown, Carstairs and Topping (1958) found that schizophrenics who returned to parents, spouses or hostels relapsed significantly more often than those returning to other relatives or to lodgings; these findings held when clinical state at discharge was controlled for. Behavioural deterioration was more severe among those returning to parental or marital homes, and unemployment more common among those returning to parents. Brown *et al* (1962) confirmed that patients fared better on return to hostels than to parental homes. Hoenig and Hamilton (1969) found that "objective" burden, measured in terms of specific effects on the daily life of the household and amount of abnormal behaviour was greater for parents than for other relatives Freeman and Simmons in the United States (1958), found that patients who were sons had lower work and social performance scores than patients who were husbands. This was not related to condition at discharge nor to hospital experience. On the other hand, it was found that patients from conjugal homes were more likely to return to hospital. Freeman and Simmons concluded that the key variable was the parents' greater tolerance of deviant behaviour and lower role expectations. Laing (1960, 1970), seeks to demonstrate that the schizophrenic is driven into illness by the tyrannical behaviour of the family, which robs him of any secure sense of personal identity. This "escape into Madness" hypothesis, along with other statements regarding the "schizophrenogenic" family, of which the original was Bateson's paper describing the Theory of the origin of schizophrenia in terms of "double bind" communication patterns (Bateson *et al* 1956), although lacking experimental evidence does offer support for the view that the home environment has an important role in the maintenance of disability and precipitation of relapse.

E. M. Goldberg (1967) studied the progress of 101 male patients and compared the schizophrenic group with the others and the "settled" with the "unsettled" schizophrenics. The majority of the schizophrenics living with parents were "unsettled" and in all cases the author noted parental attitudes ranging from those suited to the treatment of a young child to outright rejection. The few who were settled and living with parents were in homes where these features were completely absent. Goldberg also looked at disturbed families of non-schizophrenic patients and concluded that not only did the patient seem less vulnerable to the adverse influences of the home environment but also that these families seemed "less stifling and more openly disrupted". Turning to the patients in lodgings, she found that for schizophrenics the non-family environment was more conducive to success in the community, "a therapeutic move", and this was not so for non-schizophrenic patients.

An interesting trial of the effects of learning conditions was

If you've taken your 2nd MB–

strike a bargain with the RAF.

You get £1898 a year in your last three years as a medical student; with all fees paid.

In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

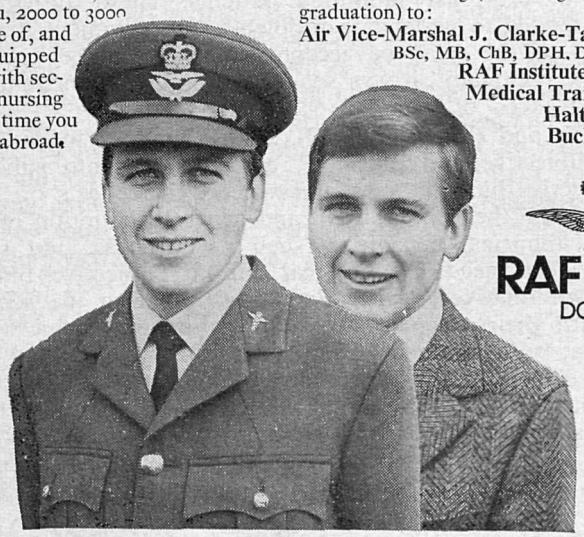
When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of £1400 to £2600 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book–or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1), Halton, Aylesbury, Bucks, HP22 5PG



RAF officer
DOCTOR

carried out by Cheek *et al* (1971), in the United States, who trained the parents of young adult schizophrenics in behaviour modification techniques. The training programme involved various techniques apart from specific help in the direct application of operant techniques in the home, and thus the key variables implicated in the programme's apparent success cannot be specified with certainty. 16 of the 20 relatives appeared to have succeeded in carrying out the recommended behaviour modification techniques, out of these 16, 11 felt they had been able to modify the target behaviour. Almost all members of the group also felt that there had been improvement in their relationships with the patients as a result of the programme. This may simply point to the conclusion that measures that improve understanding by relatives or relieve distress among them can generally be expected to benefit patients indirectly and that reduction of the burden on the family will increase the chances of successful and lasting rehabilitation in the community.

The Burden on the Family. There is a small but suggestive body of research on the difficulties experienced by families with a schizophrenic member living at home. Investigators use differing measurement techniques, but all conclude that the burden on the family is considerable.

Wing *et al* (1964), in their follow-up study of schizophrenics discharged from London mental hospitals in 1959, found that for many of these patients, only willingness on the part of family members to take on a role as nurses made it possible for them to remain out of hospital. 14 per cent of informants were found to be "worried" and 45 per cent "distressed".

Brown *et al* (1966), found that 29 per cent of the relatives of first admitted patients, and 60 per cent of those of previously admitted patients experienced one or more problems felt to be due to the patient's presence in home. Severe problems were mentioned by 19 per cent of relatives of first admissions and by 35 per cent of those of previously admitted patients. These authors felt that relatives tended to understate problems, and comment that although four-fifths of the relatives accepted early discharge practices with little or no complaint, it was sometimes quite evident that too much was being asked of them.

Hoenig and Hamilton (1969), assessed burden in two main categories: subjective and objective, each divided into sub-categories. For "objective burden" they assessed adverse effects on the household (financial, health, children, and general disruption of members' life) and abnormal behaviour (such as noisiness, odd speech and unusual ideas, need for physical care). "Subjective burden" was assessed on relatives' own estimates. Comparing the schizophrenic group with their sample of psychiatric patients as a whole, they found that on combined objective burden the families of schizophrenics suffered more severe problems than those of other types of patient. Financial status suffered in 30 per cent of households (as against 16.5 per cent for the whole group) health of household members suffered in 16 per cent of households (as against 6.9 per cent) and in terms of abnormal behaviour 41 per cent of households

suffered (as against 25 per cent). The only sub-category where no difference was found was that of need for physical nursing care. An interesting finding, indicative of the value of these investigators' method of separating subjective from objective burden, was that the families of schizophrenics did not complain more of burden than did the others.

Stevens (1973), in her study of the role of Fluphenazine Decanoate in lessening the burden on the community of chronic schizophrenics, which was ancillary to a major placebo controlled trial of this drug (Hirsch *et al* 1972), assessed the burden on the family in terms of relatives' reaction to the patient's behaviour under the headings of distress, strain, anxiety and depression, and aspects of the relationship as reported by the relatives under the headings of tension, lack of affection, lack of communication, neglect of household chores and general dissatisfaction. She found that 45.9 per cent of relatives of patients receiving active drug and 73.7 per cent of relatives of those receiving placebo complained of severe burden. In a study of 29 unemployed male patients living with elderly relatives, this investigator found that the relatives' health suffered in 20 cases, there were financial difficulties in 22 cases, and relatives' leisure activities suffered in 10 cases. (Stevens 1972). She comments that "statistics cannot adequately describe the intense distress and unhappiness experienced by some of these families".

Conclusions. The research and comment now available should provide guidelines for doctors, social workers and others involved in helping schizophrenics and their families.

Firstly, every effort must be made to protect these clients from the ill-effects of understimulation. The most straightforward preventive measure is avoidance of institutionalisation in hospital. Practical help in finding (or keeping) accommodation and work is of great importance, and sometimes requires the use of interpersonal skills in dealing with the objections of employers, landlords and relatives. In the case of the long-stay patient, links with the "outside world" must be carefully preserved or skilfully re-established. Ways of encouraging and exploiting the value of visits from and to relatives have been described by O'Brien and Azrin (1973), who developed procedures based on learning principles: Response Priming and Reinforcer Sampling. They increased the probability of visits by reducing the amount of effort required, and by analysing the interaction during visits and the patient's ability to make his visits reinforcing for the relatives, they were able to help patients to develop behaviour that ensured them a better welcome on future occasions.

If the patient is discharged to a hostel—and there are few areas where much choice is available as to what type of hostel—it may still be possible for the doctor or social worker to influence the type of environment provided by co-operation with hostel staff and administrators.

The problem of institutionalisation outside the hospital may be tackled by active efforts to help the patient find work. Referral to the D.R.O. may be supplemented by other approaches to the prob-

lem, such as those described by Hunt and Azrin (1973), who helped patients to follow up methodically all available leads, to write applications, to rehearse for interviews and arranged for the path back to work to be as stress-free as possible and for working to be strongly reinforced by staff and family. Failing open employment, attendance at an I.R.U. or a Day Centre, or a Social Club may be arranged—and attendance will need to be actively encouraged. It is important to note that the more traditional casework method of problem-solving, where the patient is guided to find his own solutions, and the principle of self-determination is fostered, will not be appropriate for the chronic schizophrenic, whose tendency to withdrawal and to apathy make more active, "pushing" approach essential.

The problem of overstimulation will require quite different tactics. The staff must assume the role of protector to a far greater extent than with other types of client, seeking to prevent exposure to sudden change and other forms of stress. This may involve intervention in many different areas of the patient's life, such as legal, housing or employment situations, and with others in the home. Casework skills may be employed in work with the "over-involved" relative, who can be helped to deal with his feelings towards the patient in less harmful ways. Some stresses—for example, death in the family, physical illness—cannot be avoided, but if the staff member has been able to establish himself as a reliable and non-threatening source of support to the patient, he may be able to mitigate some of the harmful effects of these experiences.

Often overlooked is the fact that the doctor, social worker or nurse can be a source of stress. Schizophrenic clients must be protected from "over-involved" staff as well as the over-involved relative. They should not be subjected to the stressful self-examination of the analytical approach, nor to the experience of short-term relationships with different people. Regular, long-term contact with one person whom he can learn to trust and who does not make emotional demands is essential.

To sum up, while there remain large gaps in our knowledge of schizophrenia and an urgent need to refine and evaluate different types of psychosocial intervention, there is a growing body of knowledge based on scientifically valid research which can be used at the present time. The traditional psychodynamic approach to casework may be useful with the relatives. Advocacy and social action approaches are required in obtaining conditions of life for the schizophrenic which will protect him from the dangers of both over- and under-stimulation. A behavioural approach may help the patient to attain his full potential in social and instrumental roles.

Finally, underlying these different forms of intervention, the schizophrenic must be offered a caring, reliable and undemanding relationship.

CORRESPONDENCE

Dying for a smoke

SIR,—I am writing to add my support to Dr. Cogswell's recent article in the *Gazette*.

To quote Peter Hurst in the latest edition of the British Dental Journal:

"Smoking is a dear, dirty and dangerous habit; one in nine of all smokers finally die from lung cancer caused by this pernicious practice . . . for those who are fortunate enough to escape the fatality of a carcinoma of the lung, there remains the prospect of chronic bronchitis, emphysema and a marked predisposition to coronary heart disease. Smoking is undoubtedly the greatest single health hazard of our time . . ."

When Dr. Cogswell further reminds us that "it has now been shown that measurable quantities of carbon monoxide and nicotine are found in the blood of non-smokers when in the vicinity of cigarette smokers", one begins to doubt the point of abstinance, except that the whole process seems abnoxious and pointless.

To see some patients and their companions (and students), skulking around outside the doors of the Dental School because they are "dying for a smoke" makes one further wonder whether the educational examples suggested by Dr. Cogswell can ever be possible or effective.

Yours faithfully,

R. J. ROBINSON.

East Wing,
Guy's Hospital.

SIR,—I include for your consideration a piece of undistinguished and certainly untalented jumble which nevertheless might possibly be thought suitable to divert (the diminuitive of amuse?) your readers.

HOPEFULLY

(or, in English, "With Luck")

Hypno,
Sis, you're apt to find
is for the birds,
strictly words :
whilst acupunct
you're to discover
is yet another,
but unrefined
we're making general anaesth easier
(and less queasier —
unless you've dined!)

M. W. POTTS.

Department of Anaesthetics,
Guy's Hospital.

Poem

The poem below was in Greenwich Hospital's newsletter. It was written by a lady in a geriatric ward and found in her locker after she died, by staff who thought her incapable of writing.

What do you see, nurses, what do you see?
Are you thinking when you are looking at me—
A crabbit old woman, not very wise,
Uncertain of habit with far away eyes.
Who dribbles her food and makes no reply,
When you say in a loud voice "I do wish you'd try."
I'll tell you who I am as I sit here so still
As I rise at your bidding, as I eat at your will.
I'm a small child of ten with a father and mother
Brothers and sister who love one another;
A bride soon at twenty my heart gives a leap
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own
Who need me to build a secure happy home;
At fifty once more babies play round my knee,
Again we know children; my loved one and me;
Dark days are upon me, my husband is dead
I look to the future I shudder with dread.
My young are all busy rearing young of their own.
And I think of the years and the love that I've known.
I'm an old woman now and Nature is cruel
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigour depart.
There is now a stone where I once had a heart.
But inside this old carcase a young girl still dwells
And now and again my battered heart swells,
I remember the joys, I remember the pain,
And I'm loving and living all over again.
And I think of the years all too few—gone too fast
And accept the stark fact that nothing will last.
So open your eyes, nurses, open and see,
Not a crabbit old woman, look closer—see me!

BOOK REVIEW

OPERATIVE DENTAL SURGERY

J. J. Messing and G. E. Ray 239 pp. £6

This first edition set out in the now conventional double column page style covers all operative dental surgery which the practitioner or dental student would normally carry out. In a topic as diverse as operative dental surgery it is difficult to maintain a balance between all the different aspects. The authors succeed—endodortics; gold and amalgam, restorations and cavity preparation are all dealt within the detail they require. It is pleasing that the ideas and techniques advocated—such as the use of the mechanical amalgam packer are suitably modern and up-to-date. To the student who can afford £6 this book is to be highly recommended.

SPORT

BOAT CLUB

Boat Club vs. The Beers XV

On 16th December, it looked as if Boreham Wood had arrived: the Boat Club presented itself in force at H.O.P. After waiting for latecomers it was decided to field what players there were, so Peter Tilman gallantly led out ten Beers against twelve Tubbers. New oarsmen are used to steady hard work, not the stop-start of rugger of which the Beers, in spite of their name, showed themselves to have some mastery.

It was a very good game, neither side letting the other have possession too easily nor for too long. The Boat Club produced some fine movements led by Andy Chivers and Julian Hancock, but doubtless steared by Bob Burt, and within the first few minutes scored a try, the ball being carried across the line appropriately by the captain, Geoffrey Vevers, from a fine pass by Burt. This was followed by a splendid try by Mike Gleeson and in the second half by one from Julian Hancock of which any rugby player would have been proud. In the meantime the Beers were quietly and efficiently showing their rugger prowess and the final score was 34 Beers to 12 Boat Club.

Peter Tilman, in accord with boating traditions, presented J. W. Mansie Esq., Boat Club President, with a pennant, and a similar one to G. W. G. Vevers for display.

The Boat Club would like to thank the Rugby Club and most especially the Beers under Peter Tilman for giving everyone such an enjoyable afternoon, which we look forward to repeating, perhaps playing football, hockey or some game at which neither side is too much of an expert. Or a rugby match against the Hockey Club?

G.W.G.V.

RUGBY

Angels vs. O. Cranleighians Ex.-A.

Saturday, 12th January, H.O.P.

Sunshine heralded the first match of 1974, for the Angels, although the ground was very wet and slippery. The match was started with only 14 men for the Angels. This was because Will "Spanghero" Hutton was late (as usual) and when he did arrive he had no boots. The O.C.s scored first through a penalty goal. However, with the forwards getting stuck in so well, it was not long before Nick Nicholas went over for a line try. At half-time the score was 4—3 to the Angels.

In the second half things started going better—more ball was being won in the tight scrums thanks to the front row of Pete Tillman, Ray Hartley and Rod Burlinson. The game was finally put beyond doubt by a fine try from Rod "Thunder thighs" Robinson. He made a fine break down the right wing, chipped ahead and was over. Unfortunately he forgot to take the ball with him. Still, he's a quick-thinking lad so he turned round and picked it up again and then touched down. Dave Glen converted.

Special thanks must go to the Beers who provided four players for us and Ken Rigg for refereeing. Also special thanks to the lady supporters without whom no fun would have been had in the bar afterwards.

Team:— Dave Glen, Rod Robinson, Rog How, Nick Nicholas, Bob Armstrong, John Karani, Bob Callard, Pete Tillman, Ray Hartley, Rod Burlinson, Kip Faulkner, John Ogle, Colin Ryan, Will Hutton, Jim Mahood (Capt.).

J.B.M.

SQUASH

President's VII vs. Gnomes

On Wednesday, 16th January, Guy's Gnomes played the President's team at "Gnome". The operation commenced with the needle match between Mr. Maynard and Chris Ellis. In spite of Chris's cutting comments Mr. Maynard sewed up the match and won without having his brow mopped by the Sister in the gallery.

Mr. Lallemand played at No. 2. This was his "British Open", the culmination of three days' training. Unfortunately because of a tangle with barbed wire he wasn't any fitter and lost.

The only other victory gained by the President's was D. Sampson's and the Gnomes won overall, 5—2.

After the match, the players and spectators assembled at the Players' Theatre. After a fine meal the main entertainment began, "Beauty and the Beast". The pantomime had everything from "Clementine" to Beethoven's 9th and went down a treat as did the liquid refreshment.

As always, thanks to Mr. and Mrs. Maynard for such excellent entertainment and thanks also to Alison Austin with whom arrangements were easily made.

Gnome's:— R. Kinschen, J. Lewis, I. Mackenzie, A. Kincrow, J. Tilley, C. Ellis, C. Holden, J. Moore.

President's:— C. Chantler, R. Lallemand, E. Evans, D. Sampson, J. Maynard, M. Knight, N. Barwell. C.A.H.

The University of London Squash League

As from Wednesday, 16th January, Guy's entered a third team into the League for the first time. We now have one team in the First Division and two teams in the Third Division. We aim to have the second team promoted to the Second Division at the end of the season. Separate squads of players have been worked out, and there will be one person to run each team as well as an overall League Secretary. In view of Peter Blake departing to Torbay on his "Elective", Robert Kirschen will act as overall League Secretary.

Lester Pigot will run Guy's I.
Colin Holden will run Guy's II.
Jonathan Moore will run Guy's III. A.M.K.

HOCKEY

U.H. Cup. Guy's vs. Westminster

Picketts Lock all weather pitch.

Result: Won 3—1

Having already beaten the Westminster in the U.L. Cup, Guy's were looking forward with some confidence to a repeat performance in this match. Guys complacency, especially at the back, was justly rewarded when Westminster took the lead after twenty minutes. This galvanised all of Guy's team, except Geoff. Sparrow, into action. Within seconds the score was 1—1, when Horton latched on to a perfectly timed pass from Phoenix, to give the goalkeeper no chance.

Guy's never looked back (Sparrow again excepted!), and continual pressure on the Westminster goal, with ony sporadic forays into Guy's half was the pattern of the game. Many good scoring opportunities were made and missed; Forber and Vafidis especially going close. In the end, it took two of Burns's "speciality" short corners to bring Guy's victory. Burns laid on the passes, Phoenix and Vafidis respectively put in the goals.

This was a good result for Guy's, but we can't expect to get off so lightly in future rounds of the Cup with such a slack defence.

Team: K. J. Cottingham; G. Sparrow (Capt.); J. Clarke, P. Nicol, M. Selley, R. C. Fell, R. Forber, I. Phoenix, R. Burns, J. Vafidis, J. Horton, Sub: C. Hendy. Umpire: K. Lockhead. K.J.C. and M.S.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment of **Registrar in Psychiatry** (middle grade) to the Board of Governors of Guy's Hospital and the South East Metopolitan Regional Hospital Board. Duties to commence as soon as possible.

The appointment will be made jointly by the bodies concerned and duties will be at St. Olave's Hospital, S.E.16, and Bexley Hospital, Kent. The Department of Psychological Medicine of St. Olave's Hospital offers in-patient, day-patient and out-patient facilities in a busy general hospital.

Opportunities will be provided for study, experience in developing community services, together with the problems of drug and alcohol addiction and rehabilitation in the Guy's Hospital Group and at Bexley Hospital, which is a modern Psychiatric hospital.

Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than

GUY'S HOSPITAL BOARD OF GOVERNORS

POISONS UNIT, NEW CROSS HOSPITAL

Avonley Road, London, SE14 5ER

A vacancy exists at the Poisons Unit for a **part-time Clinical Assistant,** who will be responsible directly to the Director for running the official Poisons Infomation Service. Responsibility will extend over a small staff at New Cross as well as co-ordination of the other official centres in Edinburgh, Cardiff, Belfast and Dublin. Knowledge of pharmacology and/or toxicology is desirable and a background of general medicine is essential.

Details and further information can be obtained from Dr. R. Goulding, Director, Poisons Unit, New Cross Hospital, or by telephoning (01-407 7600 Ext. 8460).

OXFORD UNIVERSITY

B.M., B.Ch.
December 1973

Barbara M. Orr

Special Pathology

G. M. G. McClure

UNIVERSITY OF CAMBRIDGE

M.B., B.Ch.
December 1973

A. B. Whitehouse

Final M.B.,
Part I: Pathology and Pharmacology

R. D. Armstrong
D. J. Brown
K. N. Bullock
*E. A. Caffrey
A. J. Cook
M. C. Dick
R. K. J. Forber
P. R. Kettle
R. G. King
D. H. O. Lloyd
R. J. Mann
M. Momen
N. J. Odom
P. N. Plowman
J. G. Prior
P. G. Reasbeck
D. J. Scott
P. R. Willicombe
J. G. C. Wright

*Pharmacology only

UNIVERSITY OF LONDON

2nd B.D.S.
December 1973

PASS LIST

S. I. MacD. Caley
Turid J. Gjaere
W. H. Harley
L. N. I. Kaba
O. A. A. Kassam
S. R. Luxton
Anne-Siri McGuire
A. C. Portelly
Ayse C. Sivas

3rd B.D.S.
November 1973

PASS LIST

HONOURS

Jennifer M. Vaughan
J. B. Zukowski

PASS

D. T. Anderson
D. J. Beardsley
Jean A. Bellingham
G. F. R. Bernays
M. J. Breen
M. S. Broadbent
M. Brummell
G. A. Chasack
R. H. Clark
K. J. Cottingham
Jane O. Crang
P. A. Day
T. J. Druett
N. M. A. El-Jabari
R. K. Faulkner
R. C. Fell
M. L. Fennell
E. G. Fox
J. P. A. Harrison
Betty A. Honeyman
Margaret P. Hooley
M. J. Howes
D. F. Hoyos
Katherine V. Jones
J. P. Lacey
Valerie S. Leathers
A. T-L. Lee
Jennifer A. P. Leithead
R. N. B. Lewis
S. Likimani
R. G. McQuillan
R. J. D. Milner
S. M. Milner
Y. Mohamed
D. A. Oram
Aud W. Ottar
R. G. D. Pinckney
Elizabeth S. Poulton
C. J. L. Price
P. N. Read
K. F. Rigg
Anne Schlotel
Susan E. A. M. Smart
J. M. S. Tan
P. L. Titchin
J. Webb
C. P. Willis

PART I

C. J. Campbell
K. M. V. Chia
M. J. Cranfield
R. Glazebrook
A. Greenwood
N. D. Hatton
B. Hedley
C. Hopper
R. W. Jones
J. C. Leach
Jennifer R. N. Nabarro
R. W. R. Nurse
J. A. Pettifer
Anne J. Skipper
D. G. Sykes
M. A. J. Wills

PART II

Janice Baker
Heather M. Baugh
R. A. Beioley
M. P. Bennetts
J. Burgess
A. K. C. Cracknell
H. T. Davies
I. S. Dean
R. A. Elliott
N. L. Fisher
S. B. Frost
Anne P. Gledhill
Judith A. Green
J. A. Gregory
N. D. Hatton
Yvonne M. Hodges
F. S. B. Hollinshead
J. L. Hunt
D. R. Jackson
P. R. Jones
J. P. Kaspar
A. M. Kingon
Munira V. A. Lalani
Rosalie Lamensdorf
Ciaran P. McCarthy
P. J. C. Macdermott
T. P. McDonnell
J. B. Mahood
A. J. H. Markham
Judith Maw
R. H. Miller
F. J. Moorhouse
R. Omar
Sheila C. Owen
E. L. Pigot
R. Rajarayan
L. J. Read
G. H. Rhimes
S. N. Rigby
J. F. C. Schnetler
J. A. J. Serenyi
K. A. Sheppard
M. W. H. Shipway
M. P. Szasz
H. F. Thomas
R. S. Vivian
Sandra Wills

PART III

P. C. Coley	D. P. Mills
Laetitia M. Finlay	N. R. Munks
I. M. Freiberger	R. A. Newman
Munira V. A. Lalani	S. A. Sachedina
D. I. McMillan	Elizabeth J. Williams

THE ROYAL COLLEGE OF PATHOLOGISTS, LONDON

Final M.R.C. Path

November/December 1973

R. C. G. Rowe

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

November 1973

J. E. Dussek	W. J. Owen
J. D. Spencer	C. G. H. West
R. P. Hancock	

DENTAL HOUSE SURGEON APPOINTMENTS

The following have been recommended for appointment as Dental House Surgeons for the period 1st February, 1974, to 31st July, 1974:—

Broadbent, M. S.—General duties with Mr. Gibb.
Hoyos, D. F.—General duties with Mr. Bret Day (Resident).
Tan, J.—General duties with Mr. Macdonald (Resident).
Hooley, Miss M. P.—Children's Department.
Brummell, M.—Oral Surgery Department.
Leithead, Miss J. A. P.—Children's Department.
Fell, R. C.—General duties with Mr. Hagger.
Cottingham, K. J.—General duties with Mr. Thompson's successor.
Clark, R. H.—Preventive Dentistry and Casualty Department.
Howes, M. J.—General duities with Mr. Mansie's successor.
Druett, T. J.—Prosthetics Department.
Titchin, P. L.—General duties with Oral Medicine and Pathology.

W. A. Vale, B.D.S.
Honorary Secretary,
Dental Division.

20th December, 1973.

PAPERS BY GUY'S MEN

Adinolfi, M. (1973). Old and new immunological aspects of materno-fetal relations. **Mental Retardation: environmental hazards.** Clayton, B. E., **Ed.**, pp. 53-62. Proceedings of Symposia 9, 10, and 11 held at the Middlesex Hospital Medical School, 11th June, 19th November, 1971, and 10th March, 1972, under the auspices of the Institute for Research into Mental Retardation, London. London: Butterworths.

Adinolfi, M., and Kohn J. (1973). Transfer of foetal β-globulin into the maternal circulaton. **Immunology of Reproduction.** Bratanov, K., Edwards, R. G., Vulchanov, V. H., Dikov, V., and Somley, B., **Eds.** pp. 558-561. Proceedings of the second international symposium held in Varna, Bulgaria, 13th-16th September, 1971. Sofia: Bulgarian Academy of Sciences Press.

Amiel, G. Hysterectomy: Preparation and Aftercare. **Update, 7,** 1147.

Amiel, G. Aspects of Operative Delivery Aftercare. **Update, 7,** 1579.

Amiel, G. Abortion. **Update, 7,** 1813.

Benson, P. F. (1973). Ribonucleic acid and protein biosynthesis by primary Down's syndrome leucocytes. A thesis presented in fulfilment of the requirements for the degree of Doctor of Medicine at the University of London.

Billings, R. A., Grahame, R., Alexander, Suzanne, Parkes, R., and others. Immunological aspects of chrysotherapy. **Rheumatology and Rehabilitation,** 1973, **12,** 219.

Binnie, W. H., and Rowe, A. H. R. A histological study of the periapical tssues of incompletely formed pulpless teeth filled with calcium hydroxide. **Journal of Dental Research,** 1973, **52,** 1,110

Cameron, J. S. Mechanism of gouty inflammation. (Correspondence.) **British Medical Journal,** 1973, **4,** 673.

Cawson, R. A. Induction of epithelial hyperplasia by Candida albicans. **British Journal of Dermatology,** 1973, **89,** 497.

CHANGES OF ADDRESS

Mr. and Mrs. A. S. Averill, "Shambles", Coxcombe Lane, Chiddingfold, Surrey. Tel.: Wormley 3854.

John Crisp, Department of Urology, Norfolk and Norwich Hospital, Norwich.

Dr. and Mrs. R. A. Durance, Vine Farm House, Wivenhoe, Colchester, CO7 9EU.

Dr. Helen Hale to King's College Hospital, Denmark Hill, London, S.E.5, and 52 Townley Road, London, SE22 8SX.

Chris and Cynthia Newman, 48 Heather Road, Lee, London, S.E.12. Tel.: 01-857 6395.

BIRTH

WABOSO: On 29th November, 1973, at General Hospital, Aba, Nigeria, to Margaret, wife of Marcus F. Waboso, M.R.C.O.G., a son, Tetem Feyi Noel, brother for Paul Uche, David Gogo, Andrew Chima, Martin Okoroma and Nnena Margaret.

PERSONAL

ASSISTANT required at 50% remuneration to join two partners in a young, busy and expanding practice. Position, minimum 1 year with view to partnership. Bachelor accommodation available. Telephone: Newport, Mon., 71068.

MODERN FLAT: 3 bedrooms, large living room, full central heating, attractive quiet estate. Blackheath, 5 minutes from station, 10 minutes London Bridge. £19,500. Ring 852 9221.

WANTED: Small unfurnished flat for mature business lady. Reasonable rent for permanent let. Kent area preferred. Close to London. Ring: evenings—Farnborough (Kent) 58530; Daytime—407 7600 Ext. 357.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

SPORTS CORRESPONDENT G. MOULDING

NURSING CORRESPONDENT Miss P. M. JEFFERIES

PHOTOGRAPHER S. J. TWIGGS

FORTNIGHTLY TWELVE PENCE VOLUME 88 NUMBER 2230

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Noli te tangere?

Until the government's neat upstaging exercise, Clubs' Union finance was the main topic of conversation in the East Wing bar. Rumour was rife, and there must be many who are surprised to find that with a regime a fortnight old Honor Oak Park has not been sold to Harry Hyams for office development, and the Theatre Club's plans (so secret that even its own committee knew nothing about them) to put on a £1,000 extravaganza at the Union's expense have not materialised.

Whilst these rumours indicated a welcome upsurge in interest in the Union at Guy's, they also displayed an unfortunate misunderstanding of its structure, and of the roles of its officers. Money is the vital force in any organisation, and to put matters at their simplest, the more money we have the more we can spend, and the better the facilities we can provide for our members. Obviously if we had as much money as we need there would be no arguments, but as that is not the case we have two courses of action: to spend what we have to the greatest effect, and to raise as much as we can elsewhere.

The ultimate power deciding how money should be spent is the Union General Meeting, at which every Undergraduate Member is entitled to speak and vote. Because the U.G.M. is limited in time, the Finance Committee exists to review every club's budget, and will make recommendations to the U.G.M. after discussion and analysis. These recommendations will obviously try to remove gross overbudgeting, but of far more importance will be the analysis of each budget to ensure that money is being spent in the most efficient way possible. Thus, rather than cutting back each club's budget as in the

past, we should expand their activities by making better use of the facilities we already possess.

Raising money must be the second objective of our Finance Policy. At the moment the Union's main income is the £12 capitation fee which every student pays as part of his fees to the Medical School, and which will be raised (subject to ratification by the Council of Governors) to £17 in October. Whilst this will provide another £5,000, the direct effects of inflation will erode much of the benefit, and the Government's severe cutback on University expenditure will make the Medical and Dental Schools less inclined to generosity than in the past. It is therefore likely that little material benefit will be felt.

If we are to maintain and improve our present standards, we must make every effort to raise money as individuals, as clubs and as a Union. We have facilities which, properly exploited, could materially benefit our financial position, but this will require imagination, energy, and effort. A capacity "hop" can raise £55 for the club running it, as well as bringing considerable trade and profit to the bar, but all too often hops are not advertised or are abandoned at the last minute by their erstwhile organisers. Inflams could provide a far higher income than at present, and the establishment of enterprises such as a Film Society could bring in considerable sums also. All that is needed is hard work and a little business sense.

The new constitution provides an unparalleled opportunity for us to work together for the common good. It was magnificent to see so many people at the A.G.M.; let us continue as we have started, so that the Union officers can carry out our wishes with our support, and the Union we want may be the Union we deserve.

GUY'S DIARY

FEBRUARY			
18	M	1.00	Clinical Lecture. Dr. VALE. "Cold Surgery".
19	Tu	1.00	Clinical Lecture. Mr. LAWRIE.
21	Th	1.00	Clinical Lecture. Dr. PARSONS. "Leprosy and Schistosomiasis".
23	Fr	1.00	Clinical Lecture. Dr. HYAMS. "Geriatric Medicine—why a separate speciality?".
26	Tu	1.00	Clinical Lecture. Mr. ELLIS. "Severed Main Arteries".
28	Th	1.00	Clinical Lecture. Dr. PARSONS. "Amoebiasis".
MARCH			
1	Fr	1.00	Clinical Lecture. Mr. O'FLYNN. "Varicose Ulcers"

NEWS IN BRIEF

Professor H. R. B. Fenn

We regret to announce the death of Professor Fenn, ex-Head of the Department of Prosthetics at Guy's. An obituary can be found on page 59.

"Lancet" Trophy

We should like to congratulate Mr. Kevin Fitzpatrick, photographer to the Anatomy Department, on the award of the *Lancet* Trophy for 1973. The photographs which Mr. Fitzpatrick submitted for their competition were all illustrations for the recent 35th edition of Gray's Anatomy.

Clubs' Union

The following were elected to the Clubs' Union Council, 1974 :

Chairman—Mr. C. H. Kinder.

Vice-Chairman—Mr. R. G. Beard.

Senior Treasurer—Mr. R. C. Bret Day.

Senior Secretary—Dr. C. J. Hunter-Craig.

Junior Secretary—C. G. Kinchin.

Junior Treasurer—G. W. G. Vevers.

Social Secretary—S. F. Evans.

Bar Secretary—N. P. Hunt.

Ordinary Member—M. C. Selley.

Pre-Clinical Medical Member—J. W. A. Moore.

Pre-Clinical Dental Member—J. D. Clark.

Finance Committee Members :

2 years—R. G. T. Glyn-Jones.

1 year—P. McE. Tillman.

Entertainments Committee—Miss A. P. Hemingway, K. G. Brame, G. Earnshaw.

Book Exchange Committee—A. J. H. Markham, Miss A. Nixon, P. Davis.

Catering Committee—P. G. M. Rowntree and 3 more members from the Union Council.

Hostels Committee—K. G. Brame, C. Sharp.

We hope that they will all work in the spirit in which the new constitution was established.

Inter-Hospitals Golf Cup Final

The final of the Inter-Hospitals Golf Cup will take place at Sunningdale Golf Club on Thursday, 21st February. Guy's vs. St. Mary's. Tee off 9.00 a.m.

GUY'S HOSPITAL GAZETTE

MANAGERESS

Guy's Hospital Gazette is a fortnightly publication and a Manageress is required to take charge of the business side. Duties include administration, accounting and typing, and call for attendance from 10 a.m. to 4 p.m. Mondays to Fridays. Salary £1,500 per annum. Would suit lady requiring congenial part-time appointment (age immaterial).

Application to Dr. G. W. Scott, Keats' House, Guy's Hospital, London S.E.1. Further details of duties from Miss Myers, telephone 407 7600, ext. 475.

DO YOU SUFFER ?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help !

BROMLEY OFFICE SUPPLIES

22 NORTH STREET, BROMLEY, KENT

01-460 2257

NOTICES

GUY'S HOSPITAL MUSIC CLUB

presents

GILBERT & SULLIVAN'S

IOLANTHE

at Duthy Hall Theatre, Southwark

on March 12th–15th at 7.30 p.m.

Tickets **75p** and **50p**

From Tickets (Iolanthe)
Guy's Hospital Music Club
East Wing

Guy's Hospital Rugby Football Club

present their

ANNUAL BALL

at

QUAGLINO'S, BURY STREET, ST. JAMES, LONDON

on

Thursday, 14th March, 1974

Gypsy Music
Ray Jackson Dance Band
John Austin Disco & Light Show
Tombola Black Tie

Price **£8.50** Double
Tickets from G. EARNSHAW
A. M. CAMPBELL
East Wing

OBITUARY

PROFESSOR H. R. B. FENN, F.D.S., R.C.S., D.D.S.

Professor Fenn, who died on 12th January, 1974, two days before his 80th birthday, came to Guy's in 1935 to fill the first Chair in Dental Prosthetics in the University of London. In 1960 he retired from Guy's but continued as a part-time locum Consultant at King's College Hospital and at the Royal Dental Hospital until 1964.

His studies at the University of Liverpool were interrupted by the First World War in which he saw active service in the infantry in the Dardanelles before being invalided home. He thus had a real understanding of the problems of the ex-service students who returned to Guy's in 1946.

After obtaining his L.D.S., he went to the United States to continue his studies, and qualified D.D.S. at the University of Pennsylvania in 1920. At Philadelphia he was impressed by the excellence of the practical work, and the foundation of his interest in prosthetics dentistry was laid. He returned to practise in Liverpool, and was appointed Honorary Dental Surgeon to the Liverpool Heart Hospital, and later to the Dental Hospital. In 1931 he was appointed Lecturer in Dental Prosthetics at the University of Liverpool, and the outstanding reputation which he established in this post resulted in his appointment to the staff at Guy's.

During the 1939/45 War when the Schools were evacuated to Sherwood Park, he was Warden of one of the Hostels and many will have affectionate memories of Professor and Mrs. Fenn's many kind acts to the students under their care. Some will be able to vouch for the validity of the stories of their having to cross a ploughed field to show up their laboratory work to the Professor sitting on a tractor or milking his goats.

He took a great interest in new members of the junior staff and would always draw them into conversation at the lunch table. Valuable guidance on a horticultural problem would often be followed by the unsolicited loan of a piece of equipment or the gift of cuttings from his own garden or greenhouse.

When the Royal College of Surgeons of England established the Fellowship in Dental Surgery in 1947, Professor Fenn was one of the first to be awarded the Honorary Diploma in recognition of the important part he had played in dental education.

Amongst his colleagues in his speciality he was a greatly respected figure and when the British Society of the Study of Prosthetic Dentistry was formed in 1953 it seemed natural that he should be appointed as its first President.

In his retirement at his home in Weald he enjoyed cultivating his garden and took an active part in many local activities which led ultimately to his election as a member of the Parish Council.

His many friends remember him with great affection and extend their sympathy to his wife, Marjorie, and his daughters, Jane and Susan.

THE REMEDIAL PROFESSIONS

by R. J. COOPER

Following on the publication of a series of reports and statements relating to rehabilitation and the remedial professions, the Secretary of State for Social Services called two meetings with representatives of physiotherapists, occupational therapists, remedial gymnasts and the Council for Professions Supplementary to Medicine, and in March, 1973, set up a working party to make recommendations to him on their future role in relation to other professions and the patient. One member of each profession, the Registrar of the C.P.S.M., and four members of the D.H.S.S. constituted the working party, which was Chaired by Mr. E. L. McMillan. As Sir Keith asked, the recommendations were in his hands within six months, and they have now been published by H.M. Stationery Office.

The Report outlines the present situation of the Remedial Professions in terms of their role and their deployment and function, noting the numerical disparity between men and women and the inadequate provision of supporting services such as aides and technical instructors.

The relationship of the three professions with one another is considered, and the considerable overlap is pointed out. The moves toward amalgamation by the physiotherapy and remedial gymnastic bodies which are in slow progress, and which earlier Reports have recommended, are endorsed by this working party, but whereas previous committees have specifically not called for union of all three groups, this is here recommended as the ultimate aim, so that a single comprehensive profession is created in which there would be scope for specialisation. This, it is believed, would allow more effective use of resources and provide a better and more satisfying career structure.

In their relationship with the medical profession, the working party emphasises that therapists in no way wish to detract from the primary clinical responsibility for the patient carried by the doctor. However, the concept of detailed prescription and supervision by the doctor of the therapy provided by the remedial professions is considered to be outmoded, and the report calls for greater responsibility and freedom for the therapist within a medically orientated team, and for doctor and therapist to work together with mutual respect and appreciation. The doctor, referring a patient for therapy, would provide a diagnosis and set out the aims of treatment, and the therapist would determine the nature and duration of treatment, both of them being prepared to discuss a particular patient's needs and review progress.

The Report next deals with organisation and management of rehabilitation services and of the therapists, and recommends that the professions should co-ordinate and administer their own services, on the principle that professional people are more properly managed by members of their own profession. This section was picked out in a *Times* leader on the Report as being a mistaken attempt to

follow the Cogwheeling doctors and the Salmonising nurses, heedless of the demonstrated hazards, but if the remedial therapist is to have career prospects it surely must be in this field. The real danger is that the most able practitioners might be chosen as the—conceivably less able—managers to the detriment of the standard of patient-care, but if there were better prospects, more senior staff might be expected to stay in the profession and the present acute shortage could be alleviated.

The relationship between nurse and therapist is touched upon and again overlap problems are the subject of comment. For example, a nurse may be best placed to see the particular difficulties of a patient. Indeed, the working party is of the opinion that in a properly established rehabilitation team a nurse could refer a patient to the therapist, who could begin treatment and report to the doctor at the earliest possible opportunity. Nurses, it is said, could continue prescribed exercise therapies and the practice of daily living activities, and it is recommended that the nursing and remedial professions should discuss this kind of co-operation and define an acceptable good practice. Both should be more closely involved in the other's training not only to better appreciate each others role, but also to learn skills which are relevant to their own professional contribution to patient-care.

Overlap, again, is described in the therapist's relationship with social workers especially with regard to resettlement advice and the provision of aids. A close liaison is required to ensure that consistent guidance is given to the patient. This co-operation is also necessary with other people concerned with therapy, e.g. industrial therapy managers, technical instructors and so on.

As mentioned earlier, the Report expresses concern at the low ceiling for promotion and poor career prospects, and sees an opportunity in the N.H.S. reorganisation to extend promotion upwards by creating representative posts for the therapists at different levels. If the Report were to be accepted, the working party regard the appointment of an adviser to the D.H.S.S. as necessary to advise on its implementation, but they regard the district therapist as the crucial person. He—or more probably she—would have overall management responsibilities for the service of all the remedial professions in the district and for liaison with the local authority. Within the hospital, a senior therapist would represent all the remedial therapists of whatever discipline and co-ordinate and manage their services. Each professional department, while they remain separate, would have its own head responsible for the work of that department. Apart from the Group posts, this is at present the highest level that a clinical therapist can achieve.

Aides should be more extensively used and would need to be trained according to local requirements, but essentially should be able to assist any of the therapists in their work. They might be allowed day-release schemes to enable them to acquire the entrance requirements for the professional course.

So far, most of the recommendations of the Working Party will meet with the agreement of the three professions, but the proposals with regard to training are likely to produce great unrest. At present, there is only one way to become a physiotherapist or an occupational therapist and that is by a three-year full-time course of training set up by the respective professional bodies and approved by the Council for Professions Supplementary to Medicine. The pre-entry requirement is one "A" level and five "O" levels in specified subjects. The working party feel that an "A" level is not necessary, and that three phases or tiers of training should be set up. The lowest qualification —an integrated course shorter than the present course—would only allow the therapist to provide basic treatment and would not allow her to take up senior posts. In a second phase, specialisation would take place and some management training would be given, and in a third phase courses would be provided for those aiming for a degree or teaching or research. How this would tie up with the no "A" level entry requirement is not clear and the working party recognise that much further study is required. Most physiotherapists will feel that the introduction of more in-service trained aides, and a lower level of basic qualification will be sure to dilute the professional skills and lead to a lower average level of competence. This is likely to be a vigorously contested area in the discussions which the Report was designed to stimulate.

In the Schools, teachers may well feel uneasy at the Report's recommendation that a teacher-training qualification should no longer be obligatory, and may see this too as a threat to the high standards of the professions. In contrast, the suggestion that therapists should be directly concerned in research into the value of remedial treatment, and should be trained in research methods, will be seen as a positive step towards improvement and rationalisation of therapeutic methods.

So, a short Report, but one that contains a great deal of matter of great concern to all of us concerned with the training and work of physiotherapists O.T.'s and remedial gymnasts. The Secretary of State, while not regarding the Report as committing the Government or the professions, sees it as providing a starting-point for action, and he is surely right. There have been more than enough words, and it is for the professions to create something and, while fighting to put off the less desirable recommendations, to build on those which offer hope for the future.

ANNUAL CLINICAL MEETING

PROGRAMME

2nd MARCH, 1974

(10 a.m.—12 noon and 2 p.m.—4 p.m.)

LECTURES

Anatomy Lecture Theatre, Medical School

11.45 a.m. "The (almost bloodless) Revolution"—Professor I. R. H. Kramer.

2.15 p.m. "Cases you have sent"—Professor R. A. Cawson.

OPERATING SESSIONS

***Theatre No. 1 (First Floor, New Guy's House)**

10.00 a.m. "Removal of Palatal Pleomorphic Adenoma"—Mr. D. H. Gibb.
Anaesthetist—Dr. R. Watkin.

*This is a domed theatre and visitors will not need to change into theatre attire unless they enter the theatre.

DENTAL DEPARTMENT

Ground Floor

X-RAY DEPARTMENT

a.m. "Some old and some newer things"—Dr. F. L. Ingram, Mr. M. Bishop, Mr. B. Beeching.

DEPARTMENT OF PERIODONTOLOGY AND PREVENTIVE DENTISTRY

a.m. **Clinical Demonstrations**

"Free gingival graft"—Mr. A. S. Averill.
"*Periodontal surgery on the pallatal gingivae*"—Mr. D. N. Gouk.

a.m. and p.m. **Table Demonstrations**

"Periodontal Surgery"—Professor R. D. Emslie, Mr. F. P. Ashley. Mr. P. J. Kerr, Mr. G. Josephs, Mr. R. G. Yuill, Mr. D. A. Rees.

"Caries Control"—Professor M. N. Naylor, Mr. D. W. Macfarlane, Mr. P. J. Mainwaring, Tutor Hygienists and Trainee Hygienists.

"Plaque Development and Morphology"—Mr. R. F. Wilson. (tape slide)

ORAL SURGERY AND CASUALTY DEPARTMENT

Casualty Department

a.m. and p.m. Diagnostic Quiz : "Cases seen in Dental Casualty"—Mr. P. M. O'Driscoll, Mr. C. I. Hagger, Mr. J. Knox, Mr. H. S. Coonar.

a.m. and p.m. "Teaching aids in Oral Surgery" : films, tape slide programme—Mr. P. M. O'Driscoll, Mr. R. T. Lee.

a.m. and p.m. "Maxillary Osteotomy in the surgical correction of facial deformity" Mr. P. M. O'Driscoll.

First Floor

DEPARTMENT OF DENTAL PROSTHETICS

a.m. Tape slide demonstration—Professor D. J. Neill.

p.m. Tape slide demonstration : "Restoring the Distal Extension Space"—Mr. H. W. Preiskel.

a.m. and p.m. "The Development of Dental Prostheses"—Mr. R. D. G. Gain, Mr. J. D. Walter.

a.m. and p.m. "'Every' Dentures"—Mrs. H. I. B. Phillips.

a.m. and p.m. "The Procedure for Complete Dentures"—Mr. R. E. W. Pearce, Mr. B. J. Roberts.

a.m. and p.m. "Partial Denture or Bridge?" (in conjunction with Conservative Dentistry)—Mr. Malleson, Mrs. S. Roberts.

DEPARTMENT OF ORAL IMMUNOLOGY AND MICROBIOLOGY

a.m. and p.m. "Recent advances in immunology of periodontitis and periodontosis"

"Immunological basis for a caries vaccine"

"Host defences in Oral Cancer"

—Professor T. Lehner, Mr. S. J. Challacombe, Mr. E. J. Shillitoe, Mr. M. W. Russell, Mrs. L. Ivanyl.

DEPARTMENT OF ORAL MEDICINE & PATHOLOGY

a.m. and p.m. "Sugar intake, dental plaque formation and caries experience" (wall exhibit)—Dr. T. H. Grenby.

Second Floor

CLINICAL ROOM 1

a.m. "Minor Oral Surgery Demonstrations"—Mr. C. I. Hagger, Mr. C. Ballard, Mr. G. Emery.

CLINICAL ROOM 2

a.m. "Use and Misuse of Antibiotics in Dental Surgery"—Mr. R. C. Bret Day.

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

Conservation Room

a.m. and p.m. "Acid Etch Techniques"—Professor A. H. R. Rowe (in his room), Mr. J. E. Cardwell.

a.m. "Turbines"—Mr. W. A. Vale (in his room).

a.m. and p.m. "Technical Work for Crowns and Bridges"—Mr. W. P. Bentley (in Mr. Vale's laboratory).

a.m. "Post Crown Preparations"—Mr. N. A. P. Thompson.

a.m. "Anterior Crowns and Bridges"—Mr. H. E. P. Grabaskey.

a.m. and p.m. "Tooth Morphology"—Mr. A. Macdonald.

a.m. and p.m. "New Methods of Temporary Restorations"—Mr. R. H. W. Brodbelt.

a.m. "Clinical Use of Reversible Hydrocolloid"—Mr. J. M. McCormack.

a.m. "Class V gold foil"—Mr. L. Cree.

a.m. and p.m. "Handling properties of a glass ionomer cement"—Mr. T. Pitt Ford.

a.m. and p.m. "Use of the fluid resin technique for splints and dentures"—Mr. W. M. Cathro, Mr. A. Kerr.

a.m. "Endodontics in Practice"—Mr. C. R. Debenham.

a.m. and p.m. "Management of the Deep Cavity"—Mr. R. C. Paterson, Mr. A. Watts.

a.m. and p.m. "Patient Education"—Mr. P. Ayling.

a.m. "The three-quarter crown and full crown preparations for premolar and molar teeth"—Mr. D. F. Howard, Mr. I. A. Nelson.

a.m. and p.m. "Implants"—Dr. R. B. Johns.

a.m. and p.m. "History of Local Anaesthetics"—Mr. A. A. Robinson. Mrs. F. Paterson.

a.m. "25 Years Ago"—Mr. J. D. Haworth.

a.m. and p.m. "Does Porcelain Bond to Nickel Chrome?"—Mr. I. Stuart.

a.m. and p.m. "Bridge or Denture?"—Mrs. S. Roberts, Mr. M. Malleson.

a.m. and p.m. "The accuracy of alginates"—Dr. D. Brown.

a.m. and p.m. "Demonstration of Heraeus Casting Machine"—Mr. D. E. Bailey.

Dental Classroom

a.m. and p.m. "A programme of dental films and video tapes"—Mr. A. D. Robinson, Mr. B. D. Glynn, Mr. R. A. Ellis.

DEPARTMENT OF ORTHODONTICS AND DENTISTRY FOR CHILDREN

a.m. and p.m. "Possibilities of using functional appliances and their mode of action"—Professor W. J. Tulley, Mr. R. T. Reed.

a.m. and p.m. "Clinical cases"—Mr. A. C. Campbell, Mr. L. Brown.

a.m. and p.m. "Cases treated by fixed appliances at Guy's, in a Regional Unit, and in practice"—Mr. J. Bennett, Mr. I. G. Crossman, Mr. J. Metcalf, Mr. D. Orme-Smith, Mr. R. T. Reed, Mr. L. A. Usiskin.

a.m. and p.m. "Saliva Control"—Mrs. E. C. Jaffe.
"Stainless Steel Crowns"—Mrs. D. Pool, Mr. J. Osborne.

a.m. and p.m. "Treated Cases"—Mr. Howell Richards.

a.m. and p.m. "Pericision"—Mr. D. J. Ramsay.

Throughout the day there will be a display of the layout of the new Department in the Tower and members of the technical staff will demonstrate some aspects of removable appliances.

DENTAL PHOTOGRAPHIC DEPARTMENT

a.m. and p.m. "Display of Photographs of the Year"—Miss J. Hodgkin, Mr. A. Johnson.

Tea will be served in the Cafeteria, East Wing, Guy's House, at 4 p.m.

Guy's Hospital Dental Society

Annual Dental Dinner

to be held at

The Park Lane Hotel

on

Saturday, March 2nd

(7.00 for 7.30 p.m.)

Tickets : £4.50 qualified

£2.25 students

Available from : F. Marsh & N. Jones

Dental School

NURSING

NURSES AND COMMUNICATION

The ability to communicate, by methods other than fairly simple noises, is one of the factors which distinguishes the human animal from others on this planet. With his highly developed brain, man has exploited this to the full in many ways, and we are now endowed, for better or worse, with the mass media and all its attendant advantages or otherwise, depending on one's personal view.

In hospitals, the essential requirement of the majority of the staff, is that they are capable of communicating well with both their colleagues and the patients. It is, however, becoming very evident that this desirable ability is something which, nowadays, is a rarity rather than the norm. Despite a whole battery of aids designed to assist in improving the technique, the efficiency of most communication systems in hospitals is diminishing rapidly.

It is a fact that not only are people becoming less efficient in this respect, but that they have, moreover, no apparent desire to rectify the situation.

One of the more unfortunate aspects of all this is that the situation exists, due simply to the fact that people just do not talk to each other enough, and apparently have no wish to do so. This is particularly true of those who do not work in clinical areas, and who are, in many instances responsible for co-ordinating such matters. They tend to migrate to their offices, and display no interest whatsoever in those around them.

This unfortunate trait is now filtering into ward areas, and communication between nurses and doctors is frequently less than adequate for ensuring the best care for the patients.

Some half-hearted efforts have been made to correct the matter, but to very little avail. Most hospitals now have personnel departments designed, one would imagine, to improve this, but whatever is their function, and that is debatable, they have made no impact in this direction.

Apart from the simple failure to talk, the reasons for the failure of communications are not clear, but it does seem strange that people whose whole work depends on this, fail so abyssmally to achieve it. Maybe it is yet more evidence of the hierarchical and autocratic attitudes, which cause nurses to be afraid of appearing human lest their colleagues lose respect for them.

CORRESPONDENCE

Smoking in Hospital

SIR,—May I, as an ancient relic of the 1919-25 epoch at Guy's, express my amazement, horror and any other suitable form of aesthetic disapproval of the practice of smoking which now seems to go on in the wards at Guy's. Had such a thing ever happened in the period referred to above, the offender would surely have been stared out of countenance by even the mildest of Ward Sisters before being finally told to leave the room.

Those of us who live on the fringe of civilisation, shall we say, have imagined that this sort of anti-medical, almost prehistoric, behaviour has been long defunct, and that all the anti-smoking propaganda which followed the war has at least borne some fruit. I well remember two men, aged about 50, whom I saw one morning in my surgery. In both cases, though they *looked* well, I had good reason to think they had carcinoma of the lung from which, in fact, both died within three months. One was a heavy cigarette smoker, the other a non-smoker but was a hairdresser and conducted his business in a small room, almost invariably impregnated with cigarette smoke.

Is it not a sign of the times that those who know the least crow the loudest; when discipline is largely in abeyance both in school and in the ranks of labour; when Jack is as good as his master, and all run the risk of being engulfed in a universal cataclysm of poverty?

Yours faithfully,

Oakfield,
Hay-on-Wye, Hereford.

G. L. DAVIES.

2nd M.B. Party

SIR,—This annual get-together between this year's senior 2nd M.B. students and the staff who teach them was held on Tuesday, 12th December, 1973. The evening proved to be an extremely successful one in that everyone present seemed to thoroughly enjoy themselves. Proceedings began with an excellent meal laid on by the girls under the superb guidance of Fiona Henderson and whilst on this note I would like to thank her on behalf of everyone not only for the quality of the meal but for the way it was presented. Wine was consumed by all in liberal quantities and this was epitomised by a rather inebriated Mr. John Bridger who proposed a toast to . . . The Queen! To be fair he was egged on by three similarly indisposed members of staff but I shan't disclose their names. (Dr. Tammar, Dr. Henderson and Dr. Rees).

The entertainment followed next upon the agenda, organised by Graham Prince. Sketches, songs, etc., were generally well received, the biggest laugh of the evening being produced by the comment "A student's 't' test performed today proved Hunt to be insignificant!"

The main highlight of the entertainment was undoubtedly the "Professors' Race" in which Professors Warwick, Joseph, Hazelwood, Sullivan and Hunt took part in a pancake-making race. The contestants had to devour their creations afterwards. A very domesticated Professor Joseph won easily (the prize of a bottle of Scotch probably figuring as the major incentive!).

After all the frivolities the party ended in the early hours with dancing and, may I hasten to add, a consumption of alcoholic beverages.

Finally, I would like to thank all the staff and B.Sc. students for attending and special thanks go to Chris Acker (photography), Paul Downie (Treasurer), Simon Turley (invitations), Steve Evans (musical director), Ian Namnet, Dave "Rower" Wright (sound), Margaret Long (decorations) and Martin Bunyard and Patrick Treasure (lights) without whom the party would have been impossible.

Yours faithfully,

East Wing,
Guy's Hospital.

BARRIE PRICE, (*General Organiser*).

Rugby Club Balls

SIR,—As Ball Secretary for the Rugby Club, I feel I owe an explanation for the apparently gross increase in the price of double tickets over that of last year (£8.50 over £7.50).

This year hotels are required to charge 10% V.A.T. on their bills and this in itself accounts for 65p of the £1 increase. This, as the more arithmetically minded will note, leaves 35p to meet any increase in costs over last year's and at the same time maintains a high standard of venue, cuisine and entertainment.

I hope this is an adequate explanation and I would like to add an invitation to all members of the hospital, staff and students, and to all old members of the Club, to attend this year's Ball, which is at Quaglino's on the 14th March.

Yours faithfully,

East Wing,
Guy's Hospital.

G. EARNSHAW.

Cambridge Graduates' Medical Club

SIR,—May I, through your columns, remind Cambridge graduates of Guy's of the Cambridge Graduates' Medical Club. The Club promotes good fellowship amongst graduates and affords an opportunity to its members to keep in touch with men of their own year. The Club, essentially of a social character, numbers over 800 members and holds an Annual Meeting and Dinner at a Cambridge College.

The fee for Life Membership is One Guinea. Will any Cambridge Graduate at Guy's who wishes to join the Club please contact me at The Front Lodge when I shall be very pleased to arrange their election.

Yours faithfully,

55 Wimpole Street,
London, W1M 7DF.

RANDOLPH BEARD.

Nurse Bank

SIR,—We would like to thank you for the publicity which we received through the *Gazette* publishing the article on the "Nurse Bank".

The scheme has proved viable and we would be delighted to hear from other qualified nurses who are interested in hearing more about the "Nurse Bank".

Yours faithfully,

SUSAN MORTLEY,
Nursing Personnel Service.

Guy's Hospital.

Course's Revision

SIR,—I was astounded to read in your last issue that the Obstetric and Gynaecological revision course will not take place. Surely this is an integral part of the course as most people do the O. and G. from 12 months before Conjoint and 18 months before M.B. finals—for it not to take place is a disgrace.

The last course was of low standard, just under half the lectures took place—often nobody bothered to tell us that a lecture was cancelled.

Guy's is supposed to be a Teaching Hospital and gets a lot of money and staff for this. Too often teaching is regarded as a secondary duty by some staff. On one firm (which it was, I won't say) we saw our consultant once, and then only by accident! I hope the O. and G. Department will overcome its administrative difficulties and live up to its role as a teaching department.

Yours faithfully,

East Wing,
Guy's Hospital.

JONATHAN E. M. FOX.

SPORT

HOCKEY

Tulse Hill 2nd XI vs. Guy's 1st XI

Played at Dulwich on Saturday, 26th January.

Result: won 1—0

Guy's 1st XI won a traditionally tough confrontation on a soft, water-sodden pitch. The two teams are to be congratulated on producing some very creditable hockey on such an abominable surface.

The goal came five minutes from the end of the match. Handler collected a short free-hit by Selley on the top of the Tulse Hill circle and pushed the ball through the defence. Forber was unmarked and had plenty of time to choose his spot; under the goalkeeper's right foot. The goalkeeper had had a relatively quiet second half and we apologise if our "shouts of triumph" aroused him from "après-midi slumbers".

The first half started at a fierce tempo with good attacks and counter-attacks from both sides. Tulse Hill attacked mainly through the centre and Guy's predominantly advanced along the left wing. Cottingham saved well after fifteen minutes from a shot by the Tulse Hill centre-forward, who had been let through by a somewhat static Guy's defence. He deflected the well-struck point-blank shot across the face of the goal. Guy's would not stand for such a brash and direct act of aggression. A good move on the left produced a long corner for the Hospital. Vafidis, always dangerous both on and off the ball, received the short pass and clipped it beautifully across the face of the opponents goal, but, alas, a yard in front of "sniffer" Horton.

The second half was played understandably and out of necessity at a slower pace. It had to be; the ball (sometimes quite amusingly) stuck stubbornly in the sticky stodge in the middle of the pitch. The Guy's defence deserve special praise for their composed and resolute handling of the Tulse Hill forwards. Three of these forwards were recent county players but found the ground conditions and the Guy's backs too much. John Clark was outstanding.

Towards the end of the game, Guy's mounted more attacks through good midfield play and pushed their opponents back. The final whistle, just after the winning goal, heralded a morale-boosting win against one of the best 2nd XI teams in London.

Team: J. Cottingham, G. Sparrow (capt.), J. Clark, P. Duckworth, M. Selley, P. Nicol, J. Horton, C. Handler, J. Vafidis, R. Forber, C. Hendy.

C.E.H.

SQUASH

Half-Season Report

Once again the Squash Club started its season with a fixture list of nearly ninety matches. Out of the forty played so far we have won nineteen which, although respectable, is rather less than we would have liked. Regrettably, "Examinations and Electives" limited a number of players in their activities.

The disaster has been the Cumberland Cup performance. Our two strongest players left us for Clubs in higher divisions and consequently we were left as a side which would be fighting to avoid the "big drop" into the fourth division. We are now second to bottom and have had one win in seven matches. We were further weakened by Chris Mackenzie's departure to Nepal for two months; evidently terrified at the thought of playing top string, he reported that there was an abundance of squash-playing Yetis who were prepared to turn out for us but, somehow, it did not seem practical. One acquisition to the side in place of Chris is Kevin Clemens. Although not

a Yeti, he has certainly played an important part in our averting utter catastrophe, and to him we are very grateful. It is hardly enough to simply thank Peter Collins for playing for us for yet another season, but the appreciation is greater than it looks on the surface. With Chris back in January, things must improve.

The University of London League has given a good deal of Squash to a large number of people. We had two teams in the League, one in the First Division and one in the Third Division—as mentioned in the last *Gazette*, we now have a third team, also in the Third Division. The two pre-Christmas teams were both fifth in their respective divisions, and we can have no real complaints about those results. Thanks to Peter Blake for performing the thankless task of league secretary very well, and our congratulations on getting those results.

The annual Sussex tour was chaos with three people withdrawing three days before we left. However, we all enjoyed it and even though we found ourselves one man short for one match, Bob Milner (now "B.D.S.", although he wasn't then), an excellent if not regular player and an even better "socialiser", made a superb substitute. He has since bought a very nice tie proving his association with the Club!

Alan Tabels has been coaching on Wednesday afternoons and, although occasionally a little erratic in the time he arrives, has passed many pearls of wisdom to us. We are very grateful to him for his work.

Finally, thanks to everybody who has written enquiring about the Club. I am not aware of having overlooked any letters, but it is quite possible that I have, and if so, have another attempt and I will try to answer them.

A.M.K.

Now, Girls . . .

A determined attempt has now been made to get the Ladies' Squash Rackets Club into a healthy state. A number of posters have been put around the hospital, and several matches have already been arranged. If interested, leave a note in the East Wing for Janice Baker. The ladies' practice is at 4.15 on Tuesday afternoons, and if you fancy the scene, turn up—why not?

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of two **Senior Registrars** in Anaesthetics at Guy's Hospital, to commence 1st May, 1974, until 30th September, 1974, in the first instance. Experience will be obtained in all branches of anaesthesia, and the successful applicants will have opportunity for research.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **4th March, 1974.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in Urology to the Guy's Hospital Group with duties to commence on 1st April, 1974, until 30th September, 1974, in the first instance. The appointment is recognised by the Royal College of Surgeons as a suitable training post for future consultant status and a higher qualificaton is essential.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **4th March, 1974.**

GUY'S HOSPITAL MEDICAL SCHOOL
AND THE SOUTH-EAST METROPOLITAN
REGIONAL HOSPITAL BOARD

Vocational Training Scheme for General Practice

Applications are invited for a three-year appointment starting on 1st July, 1974. The programme includes an initial 3 months and a final 9 months in general practice, posts in general medicine, obstetrics ad gynaecology or psychiatry in the Guy's Group and paediatrics at Farnborough Hospital. Recognised by the Royal College of General Practitioners. Application forms may be obtained from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT. Full details may be obtained from the Department of General Practice. - Closing date **4th March, 1974.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the Astley Cooper Studentship tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being approximately £357 per annum. Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT.

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of three **Senior Registrars** in anaesthetics under the exchange scheme between Guy's Hospital and the South-East Metropolitan Regional Hospital Board.

The posts are three-year appointments and rotate between Guy's Hospital, Greenwich Hospital and the Regional Cardio-Thoracic Centre at Woolwich, one year being spent at each hospital. Experience will be obtained in all branches of anaesthesia and the successful applicants will have opportunity for research. Further information may be obtained fom the hospitals concerned.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **4th March, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Pathology at St. Olave's Hospital (non-resident) for the period 1st March to 31st August, 1974, in the first instance. This is a training post in the Guy's Hospital Group recognised by the College of Pathologists.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Registrar** in Psychiatry (Middle Grade) to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board.

The appointment will be made jointly by the bodies concerned and duties will be at St. Olave's Hospital, S.E.16, and Bexley Hospital, Kent. The Department of Psychological Medicine of St. Olave's Hospital offers in-patient, day-patient and out-patient facilities in a busy general hospital.

Opportunties will be provided for study, experience in developing community services, involving treatment and rehabilitation in the Guy's Hospital Group and at Bexley Hospital, which is a modern psychiatric hospital.

Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **4th March, 1974.**

BIRTHS

ROBERTS: On 20th December to Lesley (née Erskine) and Murray, a son, Timothy Edward.

WILLIAMS: To Jonathan and Pamela on 11th January, a son, Jonathan Jake, a brother for Justina and Alexander.

CHANGES OF ADDRESS

Mr. and Mrs. W. A. Crabbe, 13 Merrick Square, London, SE1 4JB. Tel. 01-407 7918.

Mr. and Mrs. D. K. Toulson, 5 Laurel Crescent, Woodham Lane, Woking, Surrey, GU21 5SS.

PERSONAL

ASSISTANT REQUIRED at 50% remuneration to join two partners in a young busy and expanding practice. Position, minimum 1 year with view to partnership. Bachelor accommodation available. Tel.: Newport, Mon., 71068.

ATTRACTIVE SEMI-DETACHED freehold property in quiet crescent off main Blackheath/Bromley road, comprising 3 bedrooms, bathroom, separate W.C., lounge, dining room, well-fitted kitchen, full gas central heating. Double garage. Fifteen minutes' walk to stations—20 minutes London Bridge. £13,500 o.n.o. Box 1/2.

FOR SALE. Semi-detached house in quiet tree-lined road, Bromley. 2 reception rooms, 3 bedrooms, 110-ft. garden and garage. 10 minutes from Grove Park station. Frequent trains to London Bridge. £12,950. Tel.: 01-857 8641.

SMALL UNFURNISHED FLAT wanted for mature business lady. Reasonable rent. Permanent let. Kent area preferred. Close to London. Phone: Farnborough (Kent) 58530 (evenings) or 01-407 7600 ext. 357 (daytime).

TEDDINGTON, MIDDLESEX. Would a suitably qualified young doctor accept a salaried partnership in a practice of 3,000 patients? A prospective study of catarrh in general practice is currently being conducted. Amongst the essential qualifications in the intending candidate should be acceptance of his (or her) fellow humans and a touch of humility. Centrally heated flat available. Box 2/2.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES
NEWS EDITOR P. TILLMAN
SPORTS CORRESPONDENT G. MOULDING
NURSING CORRESPONDENT Miss P. M. JEFFERIES
PHOTOGRAPHER S. J. TWIGGS

FORTNIGHTLY TWELVE PENCE VOLUME 88 NUMBER 2231

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Readers of the *Gazette* will not be surprised to learn that, in common with other publications, we are faced with greatly increased costs of production due to world increases in the price of paper, metal, wages and other costs. Because of long-term arrangements with our printers we have so far enjoyed some measure of protection from these rising costs but this is now catching up on us and during the present year these will add nearly 50 per cent to our expenses compared with last year. The *Gazette* is not a profit-making concern but it must, of course, pay its way.

The *Gazette* Committee considered the position at a meeting held on the 14th February, and it was the unanimous feeling that this was not the time to consider increasing subscription rates to our readers or charges to our advertisers. For some time now the Editors have been experiencing difficulty in maintaining the tradition of a fortnightly issue and have felt that monthly publication would improve the quality of the material and make for a better journal all round. This coupled with the present financial situation left no doubt in the minds of the Committee that they ought to change to a monthly *Gazette*.

It is planned to start monthly publication in April 1974, and we hope our readers who have subscribed to Guy's *Gazette* as a fortnightly publication will continue to support us.

Dr. G. W. Scott,
Chairman,
Guy's Hospital Gazette Committee.

GUY'S HOSPITAL GAZETTE
MANAGERESS

Guy's Hospital Gazette is a fortnightly publication and a Manageress is required to take charge of the business side. Duties include administration, accounting and typing, and call for attendance from 10 a.m. to 4 p.m. Mondays to Fridays. Salary £1,500 per annum. Would suit lady requiring congenial part-time appointment (age immaterial).

Application to Dr. G. W. Scott, Keats' House, Guy's Hospital, London S.E.1. Further details of duties from Miss Myers, telephone 407 7600, ext. 475.

GUY'S DIARY

MARCH

19	Tu	1.00	Clinical Lecture. Dr. STIMMLER "Congenital Abnormalities"
21	Th	1.00	Clinical Lecture. Dr. GOULDING "Other Miscellaneous Poisons including Carbon Monoxide, Opiates, Iron, etc."
22	Fr	1.00	Clinical Lecture. Dr. FULLER "A Computer in Medicine"
25	M	1.00	Clinical Lecture. Mr. SALMON "Otological Lessons from a Developing Country"
26	Tu	1.00	Clinical Lecture. Dr. GRAHAME
28	Th	1.00	Clinical Lecture. Dr. GOULDING "Poisoning from Lead and other Heavy Metals and Agricultural Chemicals"

MEDICAL LEASE PLAN

A FLEXIBLE, MODERN EQUIPMENT LEASING SERVICE DESIGNED EXCLUSIVELY FOR THE DENTAL, MEDICAL AND VETERINARY PROFESSIONS. KEEP YOUR PRACTICE AT PEAK EFFICIENCY WITH MODERN LEASED EQUIPMENT FOR YOUR SURGERY, OFFICE, RECEPTION AND WAITING ROOMS.

no capital outlay — tax benefits
all risks insurance — life insurance
sickness and accident cover — trade-in benefits

GHG

MEDENTA SERVICES LIMITED

111 Gloucester Place, LONDON W1H 3PH Tel.01-487 2536.

Please send me your 'Questions and Answers' brochure

name.....

address.....

.....

NEWS IN BRIEF

Memorial Service

The Memorial Service for the late Professer Fenn will be held in the Guy's Chapel at 12.30 on Monday, 18th March.

Knights Away

We should like to congratulate Professor Cyril Clarke who became Knight Commander of the British Empire and Mr. Baker, late Chief Technician in the Prosthetics Department who was awarded the M.B.E. in the New Year Honour's List. We should like to draw our readers' attention to the article on page 79 "Knights Away" for a brief resumé of Guy's Knights.

Gazette Staff Changes

As some of our readers will know, Mrs. J. Patterson resigned her position as Manageress of the *Gazette* in December 1973. Mrs. Patterson has been Manageress since 1967 and it is a tribute to her dedication and skill that the *Gazette* holds its unique place amongst hospital journals.

We would also like to announce the resignation of Mr. K. N. Bullock, Assistant Editor, from the *Gazette* staff. Mr. Bullock is shortly to entertain the examiners and we wish him the very best of luck. We should like to welcome Mr. P. (hello der B'wana) Tillman who joins us as News Editor.

Hospital Secretary

Following the resignation of Mr. J. D. Hague from the post of Guy's Hospital Secretary, Mr. J. P. Curley has been appointed Acting Hospital Secretary with effect Monday, 18th February, 1974.

Chief Nursing Officer

Pending the appointment of the District Nursing Officer as part of the re-organisation of the Health Service, the Board of Governors has appointed Miss B. M. White, Acting Chief Nursing Officer.

Navy Dentist

Guy's men will wish to extend congratulations to Surgeon Captain (D) A. E. Cadman, R.N., on the announcement by the Ministry of Defence that he is to be promoted to Surgeon Rear Admiral (D) on 16th August, 1974. On that day he will become Director, Naval Dental Services.

Since leaving Guy's in 1942 Captain Cadman has held a number of important appointments in the U.K. and abroad. Amongst these were a period in the U.S., three appointments with the Fleet Air Arm ashore and one in the aircraft carrier H.M.S. Victorious.

Col. J. C. Crook

We should like to congratulate Col. J. C. Crook who has recently been appointed to the joint Chair of Pathology at the Royal Army Medical College, Millbank.

Badminton Club

Would any student interested in helping to form or participate in a badminton club, please contact:
I. J. Mackenzie, Athletic Club's Secretary, East Wing.

Gold Medal

We should like to congratulate Miss Gillian Dowsett who has been awarded a Distinction Award and Gold Medal as best candidate of the year by the Examining Board for Dental Surgery Assistants. The Association of British Dental Surgery Assistants are to give a dinner in her honour on .

This award is particularly gratifying as Miss P. Messenger gained the Silver Medal last year and reflects great credit on Guy's Hospital Dental School.

Survival

Survival International Ltd.—a group trying to focus world opinion on the plight of tribal people with the purpose of protecting them from poverty, malnutrition, exploitation and extinction invite anyone interested in voluntary research in the medical problems of tribal peoples to contact them at 36 Craven Street, London W.C.2.

OBITUARY

Dr. Victor Martindale

Dr. Victor Martindale, age 54, died suddenly from a heart attack on 18th January, 1974. He was senior partner to a group of five doctors and had practised on the outskirts of Portsmouth for 26 years.

He went to Guy's Hospital Medical School in 1937, from Caterham School where he had been senior prefect. When war broke out, he had started his clinical studies and moved to the Guy's sector hospital at Farnborough.

He qualified M.R.C.S., L.R.C.P., in January 1942, and proceeded M.B., B.S. (Lond.), in June 1942 while working as House Officer in the Guy's sector of the Emergency Medical Services.

He then joined the Navy, and served in frigates, and subsequently at Haslar Hospital; during this time he published "Observations on an Outbreak of Bornholm Disease in a Naval Unit."

After the war he was House Officer at Margate Hospital, then, in 1947, he joined Dr. Watson Cheyne in General Practice in Cosham, Hants.

His practice grew steadily into a five-man practice, and during these years he earned a reputation as a most conscientious, thorough and considerate doctor, well-loved by his patients, loved and respected by his colleagues whom he served as Secretary and later Chairman of Portsmouth British Medical Association. He served on the City's Medical Committee, and was Clinical Assistant in the Skin Department at Queen Alexandra Hospital, Cosham. In 1960, he published in *The Practitioner*, an article on "Pyodermia Gangrenosa". He was also engaged on research into the aetiology of Multiple Sclerosis.

In all his work he was extremely conscientious, a detailed history-taker who always attempted a full diagnosis in the original sense of the word. He was always patient, cheerful and sympathetic with his patients, and he carried a heavy load of geriatric visiting, where his sympathy and encouragement was as important as his medical skills. He was a sincere but unostentatious Christian, with a great fund of compassion.

He leaves a wife and seven children: his eldest son (also a Guy's graduate) is currently working at Johns Hopkins Hospital, Baltimore.

S.D.S.

Knights Away

Dr. R. E. Smith

I think it would be fair to say that the Knights on the staff at Guy's are better known than those who have carried the torch in distal places, sometimes in England and often much further afield. When I entered Guy's in 1923, Sir Alfred Fripp and Sir Maurice Craig were active members of the staff. Since then knighthoods have been conferred on Francis Shipway, Arthur Hurst, John Conybeare, Herbert Eason, Heneage Ogilvie, Charles Symonds, Geoffrey Marshall, Russell Brock, Kelsey Fry, Hedley Atkins and Rowan Boland. These are household names and every Guy's man will have been influenced by some of them.

Anthony Sampson in his book "Anatomy of Britain" writing in 1962, says there are approximately 4,500 Knights, about the same number as in 1935. Except for 1916-1920 the number yearly created averages approximately 200. Guy's have done very well, "at home" and I venture to think better than any other hospital "away".

Walter Ferguson Hannay who was knighted in 1951 is the only one who died at a comparatively early age, i,e,, at 56. He was a dresser to Mr. E. C. Hughes (Joey of immortal memory), when I was his house surgeon. I agree wholeheartedly with what R.C. wrote in the obituary notice in the *Lancet* (1961, 2, 497).

> "Of fresh complexion and with a mass of reddish hair, he was a personable figure and remained so all his life. The academic life had no great attraction for him and he quickly settled in general practice in Chelsea and later found a wider field for his talents in the West End. He belonged in many ways to the older generation of doctors, with an old-fashioned courtesy to strangers and an unaffected geniality to his contemporaries. He held the office of president of the Chelsea Clinical Society with grace and distinction. Success and honours came to him relatively early in life and he had the spiritual grace to let neither spoil him, and perhaps no man could have a more fitting epitaph than this".

His only medical qualifications were M.R.C.S., L.R.C.P., but he had real postgraduate zest as evident by his clinical assistantships at Princess Beatrice Hospital, the National Heart Hospital, the West End Hospital for Nervous Diseases and St. Mary's. Outside his general practice his main interest was dermatology. In 1956 he read a thoughtful paper on "The Care and Treatment of Acne Vulgaris" (Proc. R.S.M., 1956, 49 917), based on his experiences at St. Mary's.

For many years Lord Attlee was one of his patients and Hannay received his knighthood in the resignation honours in 1951.

The first of my contemporaries at Guy's to be honoured with a knighthood was Robert Mackintosh (1955). After qualifying, he was a medical officer at Lambeth Hospital and I remember while he was there his showing me a 250 c.c. syringe which he "invented" to give blood transfusions. Perhaps this presaged the era when anaesthetists would take the prime responsibility for intensive care. Indeed soon

after he became an anaesthetist, or as Frank Cook, jocularly but appropriately called him "A director of the West End Gas Company". I mention this because his success was due not only to his being a superb anaesthetist but also to his being able with two colleagues to provide a service at any time and especially at weekends. One of his early patients was Lord Nuffield who realised that anaesthesia was an art and science and founded at Oxford the first professional Chair which Mackintosh occupied from 1937-65. He was honorary consultant in anaesthetics to the Royal Air Force and received doctorates, honours causa, from Buenos Aires, Aix Marseilles and Wales. His publications are too numerous to record. He has splendid war records; mentioned in dispatches in the First Great War, awarded the Order of Military Merit in the Spanish Civil War and the Norwegian Order of Liberty in the Second Great War.

Guy's was indeed lucky that this man, born in New Zealand in 1897, selected our hospital as his training school.

Lindsay Ride, Knight 1962, was my contemporary. He had served in the Australian Imperial Forces from 1916-1919 and was twice wounded. Alas! in the second war when in 1941 he was C.O. of the Hong Kong Field Ambulance he was taken prisoner. He escaped in 1942 and became Colonel Commandant of the British Army Aid Group in China from 1942-45. After the war he was Brigade Commandant of the Royal Hong Kong Field Volunteer Defence Corps, 1948-62.

The wars obviously affected his medical life. He was nearly 27 when he entered Guy's with a Senior Scholarship, having done his preclinical work at Oxford. Soon after qualifying he became Professor of Physiology in Hong Kong, was Dean 1930-32 and 1935-39 and Vice Chancellor 1949-65. He received honorary L.L.D. from Toronto and his native city, Melbourne. Besides a book and articles on genetics in various journals he has published several biographical sketches.

Happily this Australian came to Guy's.

Robert Bradshaw was born in 1905 and qualified "doubly" i.e. as M.R.C.S., and L.R.C.P. and L.D.S., R.C.S., and later he became an F.R.C.S. In addition, Newcastle, Belfast, Malta, Melbourne, Montreal and Durham, has given him doctorates. He is also "Chevalier de la Sante Publique", a Knight of the order of St. Olaf, and a honorary fellow of the American Academy of Oral Pathology.

It is indeed difficult to pick out his appointments. From 1936-59 he was Professor of Oral Pathology at Newcastle, he was consultant to the Ministries of Health and Pensions, and to W.H.O. from 1955-56. In 1959 he became Dean of Studies at the Eastman Dental Hospital. He was Professor of Oral Medicine in London University and Hon. Professor of Oral Pathology at the Royal College of Surgeons of England since 1948. He has been a lecturer, visiting professor and is an honorary member of dental societies in all quarters of the world.

He was born in Dublin in 1905. He became a C.B.E. in 1950 and a Knight in 1965.

John Croot was born in 1907. He was a clerk in the Neurology Department when I was an O.P.O., in 1926, a fact I remember because I referred a patient with what I thought was idiopathic epilepsy to Dr. C. P. Symonds as he then was. John Croot took the history and examined this patient and found he had a distinct murmur over the parital region.

I met John Croot in 1956. I reminded him of this patient whose history is in the G.H.R. (1927-) and he told me that Sir Charles Symonds said "You listened to his skull, did you?" and even when the answer was "Yes Sir", he said "You really listened to his skull", which is an index of his surprise. Intra-cranial murmurs are still "rare birds"; then they were a new species.

John Croot after the usual house appointments at Guy's was in practice in Hong Kong from 1932-36 but returned for further post-graduate study and obtained the F.R.C.S. in 1938. He was in the R.A.M.C. from 1940-46, was mentioned in dispatches and reached the rank of Lieutenant Colonel. After the war he became senior lecturer in Surgery at Bristol from 1946-1950.

In 1951 he began his long service to Uganda. Until 1958 he was Professor of Surgery to the University of East Africa at Kampala. From 1958 to 1961 he was Minister of Health and Labour for Uganda. On relinquishing his post, he became senior surgeon to Kampala.

He was awarded the C.B.E. in 1962 and knighted in 1965. On returning to England he worked in the Department of Health and Social Security where his expert knowledge of medicine in the tropics was of great value.

Ralph Coburn Jackson is the only knight among the seven whom I have not met personally but my colleague, F. J. C. Matthews was his exact contemporary and they dissected together. He qualified with the Conjoint in 1937 and after being Joey's house surgeon joined the medical service of the R.A.F. at the time of Munich and he has risen to the rank of Air Vice Marshal and senior consultant in medicine. He took the Edinburgh M.R.C.P. in 1950, the London M.R.C.P. in 1968, and the Edinburgh fellowship in 1972.

He illustrates that there are great opportunities in the services. At the end of the war he founded the first dialysis unit at Halton, that pleasant Rothschild seat with its lovely looking grounds. (I always looked forward to our hockey fixtures there in the twenties). He improved the artificial kidney, made it much more portable and could fly it to distant parts such as Singapore. Sometimes the R.A.F. would transport the patient to Halton. A friend of mine with black water fever was flown from Aden to Halton but despite a titanic flight succumbed. I was able to tell his mother those really comforting words "Everything possible was done". A friend has told me that Ralph Jackson was the right man in the right place at the right time. The kidney is liable to damage in air casualties and Jackson organised their treatment most efficiently.

He was appointed a Commander of the Bath in 1963 and Knighted in 1973.

I have been interested in Cyril Clarke for many years. He was a ward clerk and I was medical registrar on the same firm.

An interesting fact is that he can trace his ancestors back five generations. This has to go through the female line on occasion. His son is therefore of the seventh generation to come to Guy's. I think this is a record!

Cyril Clarke is the son of Ashley Clarke, who I remember as Physician to the Leicester Royal Infirmary. Since early life Cyril has taken a tremendous interest in the genetics of butterflies, which he has maintained. On a recent visit to Norfolk, Anthony Batty Shaw rowed him out on the Broads in search of rare species. It was the genetics of butterflies which stimulated his interest in "Human Genetics and Medicine", and "Genetics for the Clinician", to quote the titles of two of his books.

He qualified with the conjoint in 1932, took the Cambridge M.B., B.Chir., in 1933, and the M.D. in 1937 and became a F.R.C.P. in 1949. I think it would be fair to say that those at Guy's did not realise his potential. He served in the Navy during the war and when stationed in Liverpool, thought it was a good place to work in and was appointed to the staff after being a senior registrar in Birmingham.

In one of his books he thanks Lord Cohen for his help and stimulation. His work there on the prevention of Rh Haemolytic Disease is well known. I doubt if any single person has helped so much to conquer a fairly common disorder, and one that caused much misery and anxiety. He was the natural successor to Lord Cohen when he retired as Professor of Medicine at Liverpool. I have watched his ascent in the college with wonder. A fellow in 1949, then junior censor and later senior censor. I was present *in comitia* when he was elected president. It is no secret that when a new president is elected, the senior censor gives him his insignia of office, helps him on with the presidential gown and administers the oath which the president takes, but if as happened last year the senior censor himself is elected then the senior of the fellows takes the place of the senior censor. On this occasion Lord Moran was the senior fellow present (it would have been a real Guy's day if Nathan Mutch the senior fellow, had been there). Lord Moran in his rich distinctive voice conducted Cyril Clarke to his high office.

The P.R.C.P. earned the fellowship of the Royal Society by his original work. The Royal College of Obstetrics and Gynaecologists gave him their fellowship in 1970. At Cambridge he also had a Sc.D. and he has honorary doctorates at Edinburgh, Leicester and East Anglia.

He became a Knight Commander of the British Empire in the New Year Honours. One could excuse him if he was slightly aloof but on the contrary he retains his youthful charm.

I am indebted to "Who's Who" and to a few friends for some of the details. I hope I have not forgotten anybody who has been knighted and added lustre to our alma mater.

NURSING

The Nurses' Salary Increase

Within the last few weeks, the nursing profession has accepted a salary increase which is within the limits of the government's pay and prices policy.

There is usually a marked antipathy to awarding extra pay to nurses since successive politicians appear to be under the impression, that due to their dedication, they can manage without money, but in this instance, it seems that the profession has earned the praise of the government, due to their willingness to conform. So pleased are these people in fact, that they have, as part of the election campaign, used the nurses as an example of good behaviour, and featured them on one of their interminable television programmes, where an attractive young student was heard to utter with the wisdom gained in eighteen years, that no one has any longer a sense of responsibility. This would have been more convincing if the words had not obviously been dictated to her.

Nevertheless, the pay increase will be most welcome to all, and many are pleased with the way in which it has been engineered. Those at the lower end of the pay scale, are to receive a stipulated amount of £117 a year. Others, are to receive 7 per cent to the limits permitted by "phase three". Those who already earn so much that such an increase would break this legislation, will not benefit. It seems eminently sensible to give to the lower paid, a set amount, since 7 per cent of the most junior salary amounts to approximately £50 per annum, which is the amount each week that the miners are refusing as a wage.

Having accepted the increase, nurses now have to wait to discover whether they are considered to be relatively more or less necessary than for instance, a secretary who earns £2,000 per annum, and has little or no responsibility, at twenty-one years of age, or for that matter a coal miner.

One of the main claims of the miners for special treatment, is the risk of developing degenerative lung disease, but nurses are also exposed to such hazards as spinal damage due to lifting, and also other unpleasant diseases such as tuberculosis and smallpox.

For this verdict however, it will be necessary to wait, and hope that the long awaited restructuring of the salaries, might now be achieved within the foreseeable future. One hopes that nurses might at last be considered to be undertaking an important social service instead of merely being dedicated spinsters who have been "called". The fact that it requires from three to eight years training in order to reach the higher ranks, should surely dispel this mistaken hypothesis for good, and serve to convince those who control the future that a qualified nurse has skills which have taken much effort to perfect, and for which she should receive ample remuneration.

CORRESPONDENCE

SIR,—In reply to Jonathan Fox's letter about the revision course in Obstetrics and Gynaecology (*Gazette* 16th February) may I first state that there is no doubt in anyone's mind about the need for such a course. It is essential. However, having said that we now come to the difficult part—how does one fit it in, bearing in mind that there may be eight or more groups of clinical students at different times a year, each requesting revision lectures?

Both staff and students have extremely full time-tables. Mutually convenient moments in the day are never easy to come by on a regular basis and if, in addition, nature takes an unexpected hand, the obstetrician may be called away at short notice.

In past years we have attempted in the department to provide a course for each set of students taking Conjoint or M.B. This has always been difficult to achieve and under the present circumstances, I regret to say impossible. We are, therefore, being forced to reorganise the system of revision lectures, bearing in mind the changes that will ensue next year when the new clinical curriculum begins. In the meantime there are always four obstetric and gynaecological lectures in the department each week to which any student is welcome. Details are posted outside the secretary's office, on the second floor of New Guy's House.

Yours faithfully,

T. M. COLTART.

Department of Obstetrics,
Guy's Hospital.

Personal Vendetta? Censorship? or Paranoia?

SIR,—Many of your readers will, I am sure, be interested to know of the successful launching of the Guy's Hospital Rugby Supporters' Club. This organisation, which came into being in September of this year, already has a membership approaching 100 recruited from former members of the rugby Club. The objectives of this organisation are not only to provide touchline support for the Hospital teams in Cups and Club fixtures, but also to contribute some financial support to help defray the costs incurred by the First XV in particular, travelling outside London. To some extent. the need to travel to maintain the present strong fixture list, is an indictment of the system of rugby fixture arrangements obtaining at this time but, there is no doubt that to further develop the quality of the players and to give them the opportunity of pitting themselves against high quality opposition and thus making the transition from Club to County and perhaps to International teams, these fixtures remain essential. A glance at the long list of players who have represented their County or participated in National Trials and the few who have attained International Caps in the last decade, shows how successful this policy has been.

Pressure on the Rugby Club to reduce its annual expenditure has increased over recent years and, although the recent attack voiced in the *Gazette* may well have represented a personal vendetta rather than the general feeling of the Student Body, one can sympathise with the non-rugby playing students who feel that too much of the Students' Grant is being diverted to support a Club which, although producing a quality of performance which is of great credit to the Student Body in general, remains an expensive luxury.

The Supporters' Club will offer to its members continuing information concerning the affairs of the Rugby Club, social events such as the Past-Present Match and Club re-union and the Annual Ball, and will also provide access for obtaining tickets for Internationals.

Any readers who have not already been approached and would be interested in joining the Supporters' Club should write to The Secretary, Guy's Hospital Rugby Supporters' Club, Guy's Hospital, London S.E.1.

Yours faithfully,

HUGH BURRY

Keats House,
Guy's Hospital,
London, S.E.1.

Censorship

SIR,—During an extremely successful and enjoyable Guy's R.F.C. Past and Present Reunion last weekend, i.e. 17th February, at H.O.P., it was brought to my attention that several letters written to the *Gazette* concerning this reunion, had not only been not published, but not even acknowledged.

This is rather disturbing, as the *Gazette* is the only medium that ex-Guy's graduates have of communicating such events.

Perhaps the Editor feels, that such a reunion, in his opinion is of no importance. Unfortunately this is the only conclusion that one reaches, and it is extremely distasteful to think that censorship of a personal nature has crept into our world-famous hospital publication.

I look forward to reading any explanation that may materialise and I sincerely hope that this letter will be published!

Yours faithfully,

JOHN E. DAVIES

Winch Lane
Medical Centre,
Haverfordwest.

In Reply:

Contrary to your belief, only one letter was received giving advance notice of this Past vs. Present R.F.C. fixture, and this arrived too late for publication in our 2nd February edition. I agree that the *Gazette* provides a valuable link between past and present members of the hospital, and we endeavour to continue this link, but I must emphasise that such information published in the *Gazette* is only as forthcoming as the contributors, of whom the R.F.C. and supporters have until recently been sadly lacking.

G. MOULDING.
Sports Correspondent.

It is very sad and somewhat disconcerting that senior members of the Rugby Football Club should accuse the Editor of "a personal vendetta", "censorship of a personal nature" and "extremely distasteful attitude" toward the R.F.C. The *Gazette* has always offered every facility to the R.F.C. including free advertising, retyping of illegible reports and publication of all reports received. It is the Editor's opinion that the only case of censorship practiced during the last two years was the suppression of correspondence into alleged malconduct in the running of the R.F.C. tombola during the 1973 Ball.

It is interesting to note that these complaints shou'd originate not from student members involved with the running of the club but from senior members. Should anyone wishing to discuss the reporting and publication of Rugby Club events, without lowering themselves to personal attacks on the Editor I would be more than delighted to accommodate them.

T. B. BARNES.
Editor, Guy's Hospital Gazette

Where there's smoke . . .

SIR,—I have read with interest the contribution by Jeremy Cogswell regarding "Smoking in Hospital". He has left out a most important reason why patients in bed should not smoke; and that it is a dangerous fire hazard.

Throughout my 34 years in the London Fire Brigade I have witnessed the results of smoking in bed, not only in hospitals but in houses, hotels, etc. The person in bed is more likely to relax and fall asleep and the lighted cigarette falls from the fingers and the bedding catches fire.

I have been a non-smoker for 30 years and in my opinion every effort should be made to stop smoking in wards.

Yours faithfully,

F. E. LAPTHORN

Guy's Hospital,
Group Fire Officer.

Pre-Prandial Exercise?

SIR,—I am writing as an individual member of the Southern Counties Hockey Umpires' Association, who last Saturday (23rd February) had the misfortune to be appointed to your Brockley Rise sports ground. I did in fact have a poor game myself, but the misfortune and reason for writing to you is to ask if something cannot be done about the poor quality and total lack of imagination with regard to the post-game meal, although to describe it as such is sheer unadulterated flattery.

Having been an in-patient at Guy's and on the waiting list for another visit as an in-patient, I can assure you I'm looking forward to it very much, which is more than I can say about my next visit to your sports ground, which I shall do my best to avoid!

If this can be reproduced in your *Gazette*, I hope you can find a little more room to finish up on a humorous note—especially for those of you who get a bit tired of umpires, referees and adjudicators seemingly lauding it over you. Over the years I've had all sorts of things removed from my clothing in various dressing rooms during games, but when I went to put my shoes on after this game some kind soul had taken a fancy to my shoes laces!!!

In spite of all this—plus warm beer that was almost off—best wishes to the future success of Guy's Hospital Sports Club.

Yours faithfully,

LIONEL GILBERT

58, Breakspears' Road,
Brockley, London, SE4 1UL.

Poem

SIR,—I was most interested to read the poem you published in the *Gazette* on the 2nd February, 1974, because I am a geriatric, militant multiple sclerosis patient—also a retired (through disability) hospital Domestic Administrator. So I've seen both sides of the fence in many hospitals.

I am lucky, private enterprise is looking after my welfare. Where are the disabled employees of the Health Service put, when they are no longer of use?

I salute the nurses for having the courage to publish the poem. I appreciate the difficulty that is found in finding staff to look after us geriatrics.

Before I close I would like to comment on Mr. R. J. Robinson's article "Dying for a Smoke". I am a "dirty dangerous" habituant of smoking having done so from the age of ten and I'm well in my sixties now! My only objection to smoking is when I've had to ensure that the visitors' smokes in hospitals are cleared up after visiting hours!

Yours faithfully,

W. M. LUND-LINTON
(Miss)

R.A.F.A. Sussexdown,
Storrington, Pulborough,
Sussex.

Theft!

SIR,—I wonder if I could use your columns to draw to the attention of everyone in Guy's the dangers of ignoring warnings! One is repeatedly hearing and seeing warnings to keep money and valuables in a "safe place", but it appears that this should be amended to read "under lock and key".

My wife has a room for her sole use on the second floor of New Guy's House. Ten days ago she left her handbag in that room—hidden, but not under lock and key. The door to the room was closed. On her return our cheque book, together with a banker's card, had been stolen from her handbag. We immediately phoned our bank to stop all cheques, and three

days later were exceptionally pleased that we had acted so quickly since during that time the thief had been into 29 different banks to cash 29 cheques (it was a new cheque book), each for £30—a grand total of £870. Not bad for a few hours work.

It is clear that nowhere in Guy's can be considered a "safe place" unless it can be securely locked—I hope other people may benefit from our experience.

Yours faithfully,

Department of Surgery,
Guy's Hospital,

C. J. RUDGE.

Sexology

SIR,—I would like to formally thank the Family Planning Association who gave so much in time, effort and finance to enable us to run the experimental course "Understanding Sex", and without whom it would not have been feasible.

I think that every student who attended the course found it interesting and a large proportion found it instructive.

I hope I speak for everyone when I thank Professor Wagner, Dr. Cristopher and their colleagues for coming along and speaking to us.

Yours faithfully,

TIM GOULDER.

32, Laurier Road,
London N.W.5.

SIR,—On behalf of all those who attended the course of sexology lectures held recently in the anatomy theatre I would like to thank Tim Goulder for going to such trouble to arrange them.

The lectures were both stimulating and entertaining and the discussion groups held afterwards provided a good opportunity to air personal views.

This is a side of our education all too important in medicine but one on which so little emphasis is put. I know this was appreciated by many people and I hope we will see similar events taking place at Guy's in future.

Yours faithfully,

(Miss) JANE BAILBY.

East Wing,
Guy's Hospital.

Hospitals' Rugby Cup Final

SIR,—May I take this opportunity to congratulate the Guy's Rugby Club captain and his valiant team in their past Hospital Cup matches.

Of the many finals that the Hospital has contested, few could have been so interesting and breathtakingly exciting. Of course the previous Cup-ties (that were so narrowly decided) and the pre-match tension itself, must have been appreciated not only by the spectators but also by Guy's men not present to cheer the side on; indeed, such devoted and loyal support could rarely have been equalled in nearly a century of the Cup's history.

I am sure every Guy's supporter was proud of the team that played such composed, resolute and spirited football against one of the best Hospital Cup sides ever produced, and may I also take the opportunity in conveying to them my congratulations on their first Cup triumph.

CLIVE E. HANDLER.

Department of Pharmacology,
Guy's Hospital Medical School, S.E.1.

SPORT

RUGBY

Guys vs. St. Mary's

Quarter-final Hospitals' Cup, 7th February, H.O.P.

Result: won 12—11

Cup rugby is always special. On a fine afternoon at H.O.P. and in front of a full stand and packed touchlines, Guy's met St. Mary's, the current holders. The loss of Cook, injured in the Coventry match, was equalled by the loss of John Williams, the Wales international, from the St. Mary's side. From the kick-off Guy's tore into St. Mary's with the enthusiasm we expect from them in Cup matches, but which was dampened last year. Four successive scrums were awerded to St. Mary's in the first few minutes, three of which were won against the head by Cording and Stuart to the delight of the Guy's supporters. Two infringements by St. Mary's gave Guy's penalties, one of which was converted by Fitton. This of course was too good to last, and St. Marys, under the generalship of Young at fly-half, gradually fought their way back into the game. After a short penalty move they scored in the corner, and made the score 4—3. Guy's back row, despite an injury to Hughes, were making their presence felt, and Thorburn in his umpteenth Cup-tie for Guy's was initiating many moves from around loose mauls. Fitton kicked two more penalties before half time and Guy's thoroughly deserved their 9—4 lead.

In the second half play oscillated from end to end to the increasing crescendo of noise from partisan supporters. Another penalty from Fitton was immediately followed by a try from St. Mary's after successive rucks had been won and Portelly left facing three men. Guy's then absorbed a period of frantic St. Mary's pressure with Thorburn having to switch his attention from attack to defence, and both Portelly and Harker bringing off match-saving tackles. However, Phillips at scrum half was getting the ball away well, despite the close attention of the St. Mary's back row, and Owen relieved pressure on the Guy's line with some long and accurate kicks. Ten minutes from the end St. Mary's brought the score to 12—11 with a penalty and were looking desperately for the winning score. Some excellent line-out jumping by Stuart, though, ensured that Guy's still had possession at critical moments, and the match ended with the score still in Guy's favour, to the relief of their supporters.

Team: M. Danford (capt.), J. Harker, R. Yetton, R. Fitton, A. Portelly, 'G. Owen, M. Phillips, J. Brazier, C. Thorburn, W. Hughes, B. Hagan, J. Stoneham, D. Stuart, R. Cording, R. Burlinson.

S.J.C.

Guy's vs. Coventry

2nd February. H.O.P. Lost 12—43.

Although this match was played on the same day as an England international for which several Coventry players were required, the opposition still brought a team containing ten county players and three internationals to H.O.P. Undaunted by the strength and reputation of the opposition, the Guy's XV began at an alarming pace and pressurised Coventry for the first 20 minutes and were rewarded by two penalties from Fitton. Some excellent tackling by Cook and especially Fitton in the Guy's centre was disrupting the Coventry moves, but nevertheless Coventry managed to score two tries, one of which was converted. An exchange of penalties left the half-time score 13—9 in Coventry's favour.

Guy's began the second half well and were unlucky that from a good attacking position in front of the Coventry posts the ball was kicked through

by their wing and bounced up happily into his arms to enable him to run the length of the field and score. However, the score remained 17—9 to Coventry until twenty minutes from the end, when the effort that the Guy's pack had put in to hold their heavier opponents began to tell, and Coventry began to win the ball more easily, especally from the rucks. Against a tiring team Coventry ran in several tries to make the final score 43—12 and rob Guy's not of a victory, but of the far more creditable score that they deserved. Fitton kicked all the Guy's points and tackled most excitingly in the centre. The wing forwards Hughes and Brazier played well throughout and Stuart was as competitive as always. This, the 84th annual meeting between the two sides, also deserved a bigger crowd.

Team: M. Danford (capt.), A. Portelly, A. Cook, R. Fitton, J. Harker, G. Owen, M. Phillips, B. Hagan, W. Hughes, J. Brazier, J. Stoneham, J. Fitzgerald-Frazer, D. Stuart, R. Cording, R. Burlinson.

S.J.C.

HOCKEY

Replay of the U.H. Junior Cup Semi-Final

Guy's 1 — The London 1.

Played at H.O.P., Wednesday, 27th February, 1974.

Guy's were knocked out of the Cup by The London, but only after 180 minutes of what was often, very exciting hockey.

The first match played at The London's ground was also drawn 1—1. This match saw Guy's fight valiantly on a very tough battleground. Indeed. The London quite rightly thought themselves hard done-by. They had attacked Guy's from the start and scored through a penalty flick. To their credit, however, Guy's equalised 10 minutes later just before half-time with a lovely solo goal by A. Harris.

The second half of that first match epitomised true Guy's play; Cole, as captain for the day, brought out the very best from his men and the good result for Guy's was as much a credit to his dynamic midfield play as to his leadership.

The two teams met again the following week on a sticky ill-prepared pitch which contrasted rather bleakly with the excellent surface and brilliant sunshine at Hale End, the week before. Guy's soon had their opponents in a stranglehold which persisted throughout the first half. The home team mounted numerous attacks which unfortunately came to nothing but near-misses and the inevitable frustration. Both teams must have been surprised that Guy's still had a blank score-sheet at the end of the first half.

Guy's scored in the second half through an isolated piece of opportunism from Baylis. (What a pity we now only see brief flashes of what was a much faster and positive striker).

Instead of remaining in control, Guy's panicked. They panicked so badly that The London, without changing gear, exerted a great deal of pressure on the now aimless Guy's defence. It was at this stage that the lack of vocal leadership from the returned captain Hannaford was most noticeable, but most needed by his team. It should be realised, as was so apparent the week before, that a team can easily "pull out more stops", in response to an audible driving force. Ironically enough it was the visiting team's captain who played the crucial encouraging role when his team needed it. He incensed his men with such urgency that Guy's were soon dispirited.

It was only a matter of course that they equalised, and saved the Cup, with five minutes of full-time remaining.

Twenty minutes of extra time were then played; Guy's barely held out and were grateful to be "let off the hook". This was, however, only temporary for now the battle of alternate penalty flicks began.

There can be few more anxious "sporting" phenomena than penalty strokes. To his team's joy, Martin saved three well-taken shots from The London, but Guy's proved either too tired or just ill-prepared to score from

any of their five attempts. It was perhaps fitting that the visiting captain should score from the spot and take his fellow cup-holders through to the final, which they should deservedly win.

In an earlier edition of the *Gazette* (Vol. 87 No. 2247), I stated that at Junior Cup level, Guy's were "if not the best, then equal best". It was at least gratifying when bidding farewell and good luck to our victors, that they wholeheartedly and unreluctantly agreed with me.

Team: S. Martin, N. Jones, O. Duke, M. Harris, D. Cole, R. Hannaford (S. Blowers), T. Bell, T. Ramchandani, T. Baylis, C. Handler, A. Harris.

C. E. M.

GOLF

Hospitals' Cup Final

Guy's played St. Mary's Hospital in the final of the Hospitals' Cup at Sunningdale on the 21st February. The teams were five-a-side with two eighteen-hole singles matches played. We discovered on arrival that our opponents, in sharp contrast to the casually confident attitude at Guy's, had all been practising for days, but we remained unworried. We also found that they had brought with them a throng of supporters to be utilised as caddies and newsbearers.

Despite this immense handicap of having to carry our bags the initial self-confidence seemed to be justified when we led at lunch by $3\frac{1}{2}$ to $1\frac{1}{2}$ points. Richard Ibbotson, Ted Bray and Chris Mackenzie all won fairly comfortably and when our fifth string, Bill Whitby, slotted a ten footer to halve his match the seeds of over-confidence were sown.

This was soon revealed by Bray and Mackenzie who gorged and destroyed themselves and their chances in the dining room and neither recovered from his abysmal start in the afternoon. In fact Mackenzie's trousers could not restrain the swelling abdomen and kept bursting open at impact! Richard Ibbotson, who was playing the son of a well-known bookmaker, was offered a variety of decidedly one-sided bets and after due deliberation wisely concluded that his opponent must be the more experienced gambler. He then proceeded to win five and four and so we needed one point from the last two matches for victory.

With Chris Grant four down with four to play he was abandoned as a lost cause. Bill Whitby's once four-hole lead had evaporated to two up with five to play. He holed three foot putts at the fifteenth and sixteenth to maintain his lead and at the seventeenth missed a four foot putt for the match. The tension was becoming unendurable when news flashed down the eighteenth fairway that Chris Grant had won the last four holes to gain a vital half. Whitby then won his match to make the final score 6—4 to Guy's. The victory was sweet and we celebrated well.

TEAMS:

Guy's: R. Ibbotson; E. Bray, C. Mackenzie, C. Grant.
St. Mary's: T. Coral; K. Macleod, I. McMicken, P. Young, H. Sampson.

C. I. M.

HOSPITAL INFORMATION

HASTINGS GROUP HOSPITAL MANAGEMENT COMMITTEE

Join the FIRST TEAM to work in the Bexhill Geriatric Unit and Day Hospital which is a new purpose-built unit due to open shortly.

This unit, which will have 50 beds and places for 70 day patients, is provided to extend an existing programme for Geriatric care which has achieved a standard of excellence and renown both nationally and internationally.

The team will consist of Nurses, Physiotherapists and Helpers, Occupational Therapists and Helpers, Art Therapists, Speech Therapists, Chiropodist, Pharmacy Technician, Secretary/Receptionist, ECG Technicians, Clerical Officers, Cooks, Waitresses, Porters, Vehicle Driver, Seamstress, Housekeeping Supervisors and assistants, Hairdresser.

Single and/or married accommodation may be available on early application and Day Nursery facilities will be provided in the near future.

The Group has an active staff social club.

For further details of individual posts available and other particulars write or telephone in the first instance to :—

The Administrator,
Bexhill Hospital,
Holliers Hill,
Bexhill-on-Sea,
Sussex TN40 2DZ.

Telephone: Bexhill 212121

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in Diagnostic Radiology with duties to commence on 1st October, 1974. Applicants should hold the D.M.R.D., and a high medical or surgical qualification would be an advantage.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **1st April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology with duties to commence on 1st October, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **1st April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Psychological Medicine to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties to commence on 1st May, 1974, rotating between the Guy's Group of Hospitals and the Bexley Group. Applicants should have a higher qualification and an active interest in teaching and research. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **30th March, 1974.**

WANTED

1. Obstetrician-Gynaecologist, eligible for Canadian certification (M.R.C.O.G. minimum), to join mixed general practice-specialist group practice in Prince Albert, Saskatchewan, Canada. New clinic and two new hospitals. Two Guy's men at present in group. Initial salary $2,000 per month. Partnership possible after one full year if mutually compatible.
2. Paediatrician, four-year post registration training in recognised teaching institution. Present incumbent leaving for a University Hospital teaching post.
3. General practitioner-anaesthetist, must have at least one year post graduate anaesthetic training relevant and recent general practice experience.

Prince Albert is situated in the northern part of the parkland belt, close to the edge of the northern forest. Excellent summer sports of fishing, sailing, swimming, etc. Beautiful golf courses. In winter, skating, curling, Nordic and cross country skiing.

Interested applicants please send curriculum vitae and recent photograph to Business Manager, Associate Medical Clinic, 400 Medical Building, Prince Albert, Saskatchewan, Canada, S6V 3K8.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D. Obst. R.C.O.G.

January 1974

D. C. C. Hughes
M. A. Laajam
Vivien A. Leask
C. J. F. Manning
G. Peters
A. J. Shellim
J. C. B. Shutes
V. G. Williams
J. D. Wrout

UNIVERSITY OF LONDON

M.D.

February 1974

R. H. S. Mindham
S. C. C. Scott

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.

January 1974

MEDICINE

R. S. Armstrong
J. G. Ayres
C. J. L. Baker
I. Bandak
G. W. Bergman
C. R. A. Bevis
R. A. Botha
L. P. Brodie
C. M. W. B. C. Carter
J. E. Clarke
M. J. O. Coe
S. E. Comrie
M. K. Darcy
J. M. A. Haworth (Mrs.)
P. D. Houghton
W. Jago
P. W. C. Lee
M. I. Levene
J. P. Lewis
P. E. Lewis
P. G. W. Meakins
S. D. Milnes
M. H. H. Mok
C. R. Pascall
J. M. Ramsay

A. W. Ellis
C. J. K. Ellis
J. R. Fraser
S. A. Gallagher
G. E. Gornacz
J. M. Haworth
L. D. Ross
M. F. Scott
T. J. Thornton
B. G. Whiteside
R. H. M. Williams
P. W. Young

MIDWIFERY

B. S. Avery
C. G. Chinery
C. C. D. Crawshaw
R. J. L. Deacon
A. E. Dick
R. P. Fitton
T. K. L. Fong
J. E. M. Fox
P. A. Godfrey
P. R. Kirtley
C. J. N. Lacey
N. J. Lilwall
K. Muntarbhorn
H. D. T. O'Donnell
R. M. Rowland
W. A. C. Simpson
L. I. Sireling
J. A. Sogbodjor
E. J. E. Stearns (Mrs.)
M. P. Stearns
W. N. Trethowan

PATHOLOGY

R. D. A. Coxon
C. C. D. Crawshaw
R. J. L. Deacon
A. E. Dick
R. P. Fitton
T. K. L. Fong
P. K. Gillman
K. T. Khoo
C. J. N. Lacey
S. D. Milnes
W. A. C. Simpson

SURGERY

D. J. Bickle
R. J. B. Bowering
D. P. Brodie
R. W. Burns
C. M. W. B. C. Carter
D. P. Carter
C. G. Chinery
M. J. O. Coe
F. T. Cordingley
A. W. Ellis
J. M. A. Haworth (Mrs.)
C. B. Howard
P. A. N. Hutton
I. M. Krafft
M. I. Levenne
J. P. Lewis
M. Lim
B. K. McLeod
P. G. W. Meakins
S. D. Milnes
J. J. Oram
A. Ouyang
R. J. M. Pascoe
D. M. Preston
J. M. Ramsay
J. Richardson
B. D. Rix
A. Z. S. Rohatiner
R. M. Rowland
M. F. Scott
J. E. T. Stokes
G. B. Tobin
A. M. Weindling
N. J. White
C. M. V. Wright
P. W. Young

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

February 1974 Examinations

Miss A. J. Griffiths
Miss B. A. Lozynski
Miss L. A. Magill
Miss H. M. Neville
Mrs. G. Rider (née Woodrow)
Mrs. K. V. Y. Telling
Miss L. C. Tester

PAPERS BY GUY'S MEN

Adinolfi, M. (1974). The development of lymphoid tissues and immunity. In: Scientific foundations of Paediatrics. Davis, J. A. and Dobbing, J. **Eds.** pp. 333-348 London: William Heinemann Medical Books Ltd.

Alberman, E. (1973). The epidemiology of spontaneous abortions and their chromosome constitution. In: Les accidents chromosomiques de la reproduction. Proceedings of a symposium. Paris, 12-14 September, 1973. Boue, A. and Thibault, C. **Eds.** pp. 305-316. Paris: Institute National de la Sante et de la Recherche Medicale.

Boger, J. "Dying of the Young". Hospital and Health Care and Administration (Australia), 1973 **3**, 6, 14.

B. J. Cremin. Early Diagnosis of Hirschsprung's Disease. **Paediatric Journal of Radiology.** Vol. 1. No. 4. 1973.

B. J. Cremin, Functional Intestinal Obstruction in Premature Infants. **Paediatric Journal of Radiology.** Vol. 1. No. 2. 1973.

B. J. Cremin and P. Beighton. Dwarfism in the newborn: the nomenclature, radiological features and genetic significance. **Brit. J. Radiol.** Vol. 47. No. 554, 1974. pp. 77-93.

Joseph J. and Tydd Mary. The Effects of cortisone acetate on tissue regeneration in the rabbits ear. **J. Anat. 115** 445-460.

H. M. du Preez and B. J. Cremin. Urinary Calculi in Childhood: A clinical and radiological study. **S. A. Med. J.** 23rd June, 1973. Intrinsic Dwarfism presenting at birth: Preliminary Communication on Nomenclature. **S. A. Med. J.** 23rd June, 1973.

Scott, S. C. C. 1973. Four films: examination of the new-born, 6-weeks, 26-weeks and 44-weeks normal infant. **British National Film Catalogue, 2,** 616-053.2. 81 Dean Street, London, W1V 6AA.

Jan Wiggelinkhuizen, Peter J. M. Retief, Bernard Wolff, René M. Fisher and Bryan J. Cremin. Nephrogenic Diabetes Insipidus and Obstructive Uropathy. **Amer. J.** Diseases of Childhood. Vol. 126. September, 1973.

CHANGES OF ADDRESS

J. J. Dickens, B.D.S., 150, Park Road, Peterborough, Northants, PE1 2UB.

Mike and Barbara Maberley, P.O. Box 298, Grand Cayman Islands, British West Indies.

BIRTHS

DAVIES: To Clare (née Stannard) and Ivor, a daughter, Helen Elizabeth, on 12th January, 1974, in Capetown, South Africa, a sister for Hugh and Karen.

WILD: On 25th January, 1974 to Judy (née Laws, B.D.S.) and Roger Wild, a son, Mark Broughton, brother for Megan Jane, in Brisbane during cyclone Wanda and then stranded by the floods! Present address: 4 Doone Street, Macgregor, Brisbane, Queensland, 4109, Australia.

DEATH

BEKEN: On 7th February, 1974 Francis Norman Beken, L.D.S., R.C.S., Eng., 1934.

PERSONAL

ASSISTANT required at 50 per cent remuneration to join two partners in a young busy and expanding practice. Position, minimum 1 year with view to partnership. Batchelor accommodation available. Tel.: Newport, Mon. 71068.

WANTED: Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or close to London. Phone: Farnborough (Kent) 58530 evenings: 01-407 7600 Ext. 357 daytime.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS C. E. HANDLER, P. TILLMAN

SPORTS CORRESPONDENT A. M. KINGON

NURSING CORRESPONDENT Miss P. M. JEFFERIES

PHOTOGRAPHER S. J. TWIGGS

MONTHLY TWELVE PENCE VOLUME 88 NUMBER 2232

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

21st March is the spring equinox; "one of the most joyful times of the year for northern people when the sun crosses the equator" according to my childhood Book of Knowledge. This marvellous series was instrumental in my passing 1st M.B. as it gave me many useful tit-bits about the biological birds and the botanical bees that are considered so important for the education of the medical student. Other occurrences on this day in the past were the burning of Thomas Cranmer in 1556 and the birth of Johann Sebastian Bach in 1685. "Now wheatears are seen, the first of our summer migrants, though even these are travelling onwards" continues the tome.

Now that spring is here a young man's thoughts turn to love; what happens to a young lady's thoughts in these days of women's lib I wonder. At last the Americans have taken a leaf off, and like the birds, show off their feathers to attract their mates. Presumably this is the main reason behind the new craze of Streaking. Some older cynics state that this is the only way to tell the difference between the sexes in these unisex styled days. I notice that it is the older generation who are first to comment, perhaps it has reminded them of something. Like the migrant wheatears the craze has now reached these shores.

Of course streaking is nothing new to this country. Lady Godiva performed the act, admittedly bareback (and front) in the 11th Century in protest against her husband, Earl Leofric's heavy tax on the people. In those days people respected a Lady's modesty and stayed behind their shutters and did not gawk at history's first streaker, except Peeping Tom, who was struck blind.

I have been looking through the history books for references to athletic nudity at Guy's. There is little of interest in the Sporting Reports, although references are made to a sport called "Gregging", which is concerned with the removal of clothing on the Circle Line.

I decided to ask around the hospital to get an idea how hospital staff and visitors felt about streakers. So taking my roving stethoscope I went to ask people for their views:

American Medical Student	"I think it is a very nice pastime".
Female Dental Student	"Bloody Cold".
Female Medical Student	"I would if there was any money in it".
Staff Nurse	"What would you do with the money?"
Female Medical Student	"Buy new clothes, naturally".
Students' Union Officer	"We are looking into it".
Hospital Porter	"It's all right at the right time and in the right place".
Patient on Male Surgical Ward	"It would liven the place up a bit".
Patient in Female Ward	"Ohh, do you think he would?"
Child in Casualty	"Soppy".
Antipodean Nurse	"I think it is too cold for folk in this country, now back home . . .".
Oxbridge Medical Student	"I worked that out of my system back in Cambridge".

So if there is to be any Streaking at Guy's, the Colonnade is the site for it, towards the Park of course. But a trial run was needed, so I decided to attempt a dash from Theatre 1 to 5. As I crossed the red line Sister's voice boomed at me "You must wear a mask and hair covering before entering theatres". So that was a non-event. I'll have to assault the Colonnade without any previous experience.

Perhaps the dangers of streaking have been illustrated by the young "display artist" recently fined for her St. Patrick's Day Exposure; "The dog left quite a mark on me". On second thoughts, what with the present inclement weather and the prospects of a savaging from Mr. Wheeler's dogs. I'll call the whole thing off.

GUY'S DIARY

1	M	1.00	Clinical Lecture. Mr. RENDALL
2	Tu	1.00	Clinical Lecture. Mr. HENRY "Hip Problems in Childhood".
8	M	1.00	Clinical Lecture. Dr. McARDLE
9	Tu	1.00	Clinical Lecture. Dr. KNIGHT "Careers in Medicine".
19	Fr	1.00	Clinical Lecture. Dr. DOWLING
23	Tu	1.00	Clinical Lecture. Mr. FAUCAS
29	M	1.00	Clinical Lecture. Dr. WELLS
30	Tu	1.00	Clinical Lecture. Dr. HIGGINS

NEWS IN BRIEF

Professor of Forensic Medicine

The University of London has conferred the title of Professor of Forensic Medicine on Dr. A. K. Mant. We should like to extend our congratulations to Dr. Mant.

Alfred Rycroft Scholarships

The Alfred Rycroft Scholarships for 1974, have been awarded to Miss A. M. Rothman, Miss J. Harris and Mr. H. F. Thomas. Miss Rothman and Mr. Thomas will spend a month in the U.S.A. whilst Miss Harris is to visit Yugoslavia.

Consultant Appointment

We are pleased to announce the appointment of Dr. J. A. Child, M.D., M.R.C.P. as Consultant Clinical Haematologist, Leeds General Infirmary.

Senior Nursing Officer, Paedriatric Area

Miss A. C. Crump has been appointed Senior Nursing Officer, Paediatric Area with effect from 1st March, 1974. This is a new appointment in preparation for the transfer of the Paediatric Department to the Evelina Children's Department in the Tower Block.

Courses for Lecturers

A short general course on aspects of teaching in Higher Education will be held at the University of London Institute of Education from 16-20 September, 1974. Some of the topics included in the course are: techniques of lecturing, planning a course, choosing teaching methods, assessing students' work, responding to students' problems.

A course for teachers in Clinical Medicine, arranged in conjunction with the Middlesex Hospital Medical School, will be held on 22nd-24th July, 1974.

Other short courses during the year will include student selection, course planning, small group teaching, aspects of running an academic department.

For details of these and other short courses and conferences write to University Teaching Methods Unit, 55 Gordon Square, London, WC1H 0NT.

Wolfson House

The School Governors are appealing to Guy's men and women for support for Wolfson House—the residential block which is now being built at Guy's. During March nearly six thousand letters were posted to all the medical and dental graduates it has been possible to trace who qualified before 1969.

Below is a list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press:

Professor C. W. M. Adams
Dr. P. Barkhan
Professor J. R. Batchelor
Dr. C. L. Berry
Dr. N. Bloch
Dr. A. P. Blower
Dr. B. V. H. Bray
Mr. I. W. Broomhead
Mr. D. G. Bunker
Dr. F. Caldecott
Mr. R. M. Church
Dr. A. G. C. Cox
Dr. C. S. Darke
Dr. A. R. Davis
Dr. L. T. Dean
Dr. D. C. Deuchar
Dr. D. A. Earnshaw
Dr. J. D. Ebsworth
Professor R. D. Emslie
Mr. F. G. Ellis
Dr. P. R. Evans
Miss A. R. Feakes
Mr. W. Finkel
Professor G. E. H. Foxon
Professor M. Harris
Professor G. A. D. Haslewood
Dr. J. Hellewell
Professor W. E. Herbert
Dr. C. A. Higgins
Mr. K. Hooper
Dr. Margaret Houghton
Dr. Verna Houghton
Dr. A. M. Hutton
Mr. S. C. Jack
Dr. M. N. Jacoby
Dr. B. D. L. Johnson
Dr. W. J. Johnson
Mr. J. Gaymer-Jones
Dr. J. S. Jones
Dr. P. G. C. Jones
Professor J. Joseph
Dr. M. C. Joseph
Professor H. Keen
Dr. B. Latham
Dr. E. C. Lewis
Dr. G. H. T. Lloyd
Professor I. Macdonald
Dr. R. A. C. MacKeith
Dr. B. McArdle
Professor I. McColl
Professor A. K. Mant
Dr. D. W. Mayman
Dr. E. A. Mayston
Mr. H. L. Messenger
Dr. G. A. K. Missen
Dr. R. Morgan
Mr. R. D. Owen
Dr. K. G. Pascall
Dr. M. C. Pearson
Dr. F. O. Potter
Mr. S. R. W. Powell
Dr. T. G. Pritchard
Dr. R. H. C. Pryn
Mr. N. A. Punt
Dr. R. J. Robinson
Dr. S. Rosenberg
Dr. A. S. Rudd
Mr. A. F. Rushworth
Dr. S. Shone
Dr. G. R. M. Sichel
Dr. J. F. N. Sidebotham
Colonel G. E. L. Simons
Dr. R. P. Snaith
Professor R. G. Spector
Mr. P. Strong
Dr. M. G. Thompson
Dr. T. Turner
Dr. M. D. Warren
Mr. F. S. Warner
Dr. R. S. Wells
Dr. H. Whitworth
Dr. S. Wickenden
Professor P. L. Williams
Dr. D. P. Winstanley

Also Mrs. G. E. C. Killard-Leavey on behalf of the late Dr. M. E. P. Killard-Leavey.

We would like to announce the resignation of Mr. G. Moulding, Sports Correspondent, from the *Gazette* staff. He finally relinquished his duties and succumbed to the more attractive charms of his wife "Phyllis, a ward in chancery". His post will be filled by Mr. Angus ("never sits down") Kingon—a most able successor.

We should also like to welcome Mr. C. E. Handler (Curator of Small Mammaloids) to the Editorial staff. He joins Mr. P. Tillman on the News desk.

The Friends of Guy's Hospital

INCORPORATING THE GUILD OF EX-PATIENTS AND FRIENDS OF GUY'S HOSPITAL AND GUY'S HOSPITAL LADIES' ASSOCIATION

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1973

The first year of our amalgamation has been a bumper success. Subscriptions and Donations reached a record of £12,415, an increase of £2,187 on 1972.

The Friends gave every patient in hospital on Christmas Day a seasonal gift and helped to provide decorations for each ward. As well as the customary gifts of Flower Vases, Fruit Bowls, Ward Trays, Electric Razors and Shaving Mirrors, Bedside Tables and Library Books, the following gifts were provided:—

A reprint of 6,500 copies of "Billy Goes to Hospital".

Toys for the out-patients departments of the Renal and Paediatric Units.

Television sets for patients in side wards and in the Paediatric Department.

Flower pedestals for the Nurses and Staff Dining Room and a Hairdryer for Hilton House Nurses' Home.

A Geriatric chair, clothes airers and foot stools.

A Spin-dryer for the Children's Wards.

A grant of £4,120 to provide a Tissue Processor and equipment for Medical Research.

Financial contributions to Children's Christmas Party and Summer Coach outing, the Nurses' League and "Radio Guy's".

Many other smaller items too numerous to mention.

1974

This year will be a RED LETTER one in the history of both the Hospital and the Friends, for the new Tower Block will be completed. This will bring additional demands for help from the Friends to furnish those extra comforts, furniture and furnishings which makes Guy's just that little bit different from other hospitals for both patients and nurses, doctors and staff.

To raise extra funds for this purpose the Ladies of the Services Branch are holding a GRAND SUMMER FETE, by kind permission of the Governors, in The Park of the Hospital on Wednesday, 12th June, 1974, beginning at 11.30 a.m. Gifts and donations to the many stalls will be most welcome and should be sent to the Services Secretary as below. We also hope to see as many of you as possible present on this occasion.

In conjunction with the Fete there will be a GIANT RAFFLE with a first prize of a holiday for two at a first class Sidmouth Hotel and many other attractive prizes. So as not to be disappointed ORDER your tickets NOW from the Services Secretary, price 5p. each.

The funds raised by the Fete and Raffle will be used for the extra comforts for the Tower Block and especially for the new MOTHERS' and BABIES UNIT.

Voluntary helpers are still urgently wanted for clerical work in the main office—please contact the Secretary, Mrs. Coleman, at 16 St. Thomas Street, London, SE1 9RS or telephone 01-407 7600 Ext. 357—and also for the Flower and Library Services and for the Ward Trolley—please contact the Services Secretary, Mrs. L. F. Salmon, at the Services Branch Office in Guy's Hospital or telephone 01-407 7600 Ext. 098. Can YOU not spare a few hours one morning a week or a fortnight? We await your call!

Finally, the Annual General Meeting, with tea in the Hospital afterwards, will be held on Wednesday, 1st May, 1974, in the Physiology Theatre, Medical School, Guy's Hospital at 2.30 p.m. Please come.

M. B. COLEMAN (Mrs.) Secretary.

SOUTH WALES & MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Fifty-two officers, members and guests of the Society met on Saturday, 16th February, 1974, for the twenty-third Dinner at the Park Hotel, Cardiff, at 7.15 p.m.

Mr. D. R. Edwards was installed as President for 1974-5 by the retiring President, Dr. George MacVicar.

Following Dinner, Mr. Edwards welcomed all present, particularly our guests from Guy's, Mr. Alan Campbell and Dr. George Scott, as well as Mr. Jimmy Goodliffe. He proposed the toast to "Guy's" to which Mr. Campbell responded, giving a brief account of present and proposed events at Guy's punctuated with delightful wit and charm. Dr. George Scott then proposed the toast to the "Society" with a flattery and humour which stimulated those present to much vocal and choral response. Mr. Morwent Brown, our Chairman, then presented life membership certificates and the Society's tie to the Guests.

Mr. Jimmy Goodliffe, life member, no longer regarded as a "guest" but whose presence always completes this occasion, said a few words of appreciation to the Society and expressed hope in its continuing success.

The President, Mr. Derry Edwards, then proposed the Committee's nomination that Dr. Glyn Davies should be the President-elect, which was received with acclamation and unanimous support. "Any other business" was taken up by Dr. Harry Freeman and the gap filled with a spontaneous speech of fun and banter.

A very happy evening ended around the bar and informally in the early hours of the morning.

Mr. G. M. Brown, Dr. Glyn Davies, Dr. George Scott, Dr. G. MacVicar, Mr. Alan Campbell, Mr. D. R. Edwards, Mr. Hugh Harley, Dr. H. A. Thomas.

IOLANTHE

March 12th-15th, Guy's Hospital Music Club, Duthy Hall

To the best of our knowledge, Iolanthe was last performed at Guy's by the Music Club in 1919, some thirty-seven years after its first performance at the Savoy. Never could a producer have been dogged by ill fortune like poor Stephen Taylor, who must have put on years, during the recent revival of Gilbert and Sullivan's "Fairy Opera". He was faced initially with the question as to when to perform the opera and he soon discovered that Saturday was out, because the Mothers' Union was using the upper room—so Tuesday to Friday it had to be. However, full houses still delighted in his production, which succeeded despite the sudden hospitalisation at 2 p.m. on the afternoon of the "first night" by Iolanthe herself in the delightful shape and voice of Margaret Jackson. Her place was admirably filled by one of her "sister fairies" from the chorus, Rhona Hickman, who stepped fairly and firmly into her shoes and saved the day, for a performance of "Iolanthe" without Iolanthe is a bit much to ask of even this producer.

Notwithstanding getting the performance under way after the traumatic first night, the show was almost stopped by a zealous Fire Officer on the second. However, the stage staff under John Dyson managed in a very short time indeed to allay the Officer's fears by some deft additions to the very attractive sets.

Strephon and Phyllis.

The Lord Chancellor and Assorted Peers.

The Fairy Queen.

All of the Savoy operas lean heavily on their choruses and this year these were particularly impressive. The Musical Director, David Jackson, had got the most from the available talent and there is no finer sound than the harmonious blending of male and female Guy's voices.

The first act opened with a most impressive dawn under the electrical hands of Bill Beare and Nigel Clark and it revealed the delightful chorus of fairies drawn from the ranks of Guy's ladies. Tripping hither and thither, they soon dispersed the artificial ground mist into the orchestra—much to their surprise. No sooner were they in position than we were, once again, to be delighted by the verve and dignity of Alison Fookes as the stately Fairy Queen. Her make-up was excellent and her whole appearance was reminiscent of Brunhilde. Her delivery of the songs of her heart invoked much pathos in very receptive audiences. The Queen was attended by Sue Barker, Christine Hayward and Barbara Lozynski in the guise of three charming fairies.

Iolanthe's unfortunate son, Strephon, who is half fairy and half mortal, was played by Nigel Harradine. His was the most successful of the male roles and his good singing and the way he made so much of the comic lines of his part was most professional and it brought him a fully deserved cordial reception.

The real gem in this crowning achievement of the Music Club's year was, once again, the delightsome Jill Moulding, playing Phyllis, a Ward in Chancery. Her singing and performance were even better

than last year, when as Jill Speight, she entranced the audiences as Mabel in the "Pirates of Penzance". Her husband, Geoff Moulding, was one of the chorus of peers, who in their procession were a well disciplined and thoroughly harmonious band. A nice touch by the Producer was to add to the heraldic splendour of the procession a peer who could only just make it. This role was admirably filled by John Gregory.

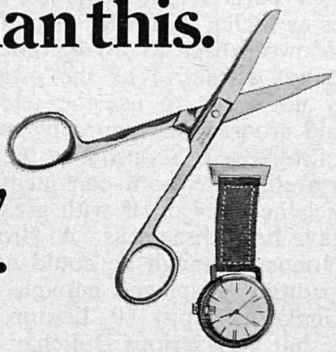
Another outstanding performer was Sean Tighe as the Earl of Mountararat. His diction and mellifluous singing was one of the best of the evening. He was ably supported by Chris Allen as Earl Tolloller.

Huw Lloyd was the splendidly stolid Private Willis of the Grenadier Guards and Peter Willicombe brought his considerable comic talent and skill to bear in the role of Lord Chancellor. His success with the difficult "nightmare" song was, like Easter, a variable feast, but no matter whose accelerando came to its end first, both he and the orchestra, ably conducted by David Jackson, brought much pleasure to the receptive audiences.

Once again another success in the long history of the Guy's Hospital Music Club—long may it flourish.

D.B.

We think nurses need a bit more help than this.



And from now on they'll get it.

Nursing Mirror is back - with a difference. Under its new editor, Pat Young, it has been restyled to give you maximum help with the pace, pressures and professional demands of modern nursing. It's crisp, practical - with more news, more topical features, more, in fact, for everyone in nursing.

Nursing Mirror and Midwives Journal

is back-with a difference.

At your bookstall now.

TROTTLE POTTS CORNER OR THE GASMAN COMETH

The Residents' Play 1974 went off with a resounding BANG, in fact with several each night. Enthusiastic audiences packed the Physiology Theatre throughout the week, and one hopes that the Residents and all those who helped in the production of the Play felt that their efforts were worthwhile in perpetuating this traditional feature of hospital life. It was a good play, presented with imagination and flair, and the music, songs, characterisation and general standard of acting were of a high order.

Tony Sutherland provided us with a good script and with a plot which flowed smoothly and for once could be understood. His set design was most original and extremely effective. It consisted of a central open platform stage. On either side were two-tiered muslin-covered sections which contained the four department offices and came to life with their individual internal lighting. Although it deprived the scenic artists their chance of realism it avoided those tedious waits between scene changes and produced a continuous fast-moving performance. The direction of David Jones did much to encourage this. He produced sustained action throughout, with his performers self-assured and always in the right place at the right time. I suspect he inspired talent from the actors which they didn't know they had. He was not without talent himself, appearing as a civil servant, porter, switchboard operator and Major General Dodgers—a tour de force of characterisation in the style of Peter Sellers. In the smaller parts I much enjoyed Miss B. Way as a Civil Servant and later as Stella, T. Cutler as a thoroughly decent houseman hero and P. Mowschenson as his heroine Sister Callgirl Poker—although not quite so attractive as the original. R. Yetton as Trotts will probably not want to use the telephone again. He was a gentle Trotts and aroused our sympathy over all his problems. His anaesthetic colleagues, J. Simpson as the harassed Mutton and E. Evans as Sherrywell, were both convincing. Edward Evans had a major part which he carried off with great aplomb and a weak role here would have been disastrous. A. Brown was as Irish as Red O'Fling and A. Johns, although he could never look like Sackburn in spite of the padding, displayed enough of the mannerisms of the great man to make us happy. P. Loxton was suitably hirsute and lifelike as a wise but very serious Dullchar. The donkey, however, was very gay and performed with great expertise by Phillipa Curran and Judy Polley. Only politeness makes one refrain from revealing which was the back end. S. Doyle was really excellent as a golden-haired Mite with mannerisms slightly exaggerated to draw them to your attention, and with enough charm to affect the hind leg off his own donkey. Every now and again a Residents' Play produces an impersonation which is uncanny in its likeness to the original. When this happens it is a joy to behold and this time it happened with Tony James as Mates. He surely was the original and it was almost im-

possible to take your eyes off him whenever he appeared. A truly classic performance which will long be remembered.

The music this year was extremely tuneful and most ably performed by Messrs. T. Thornton, C. Baker, B. McLeod, J. Fraser and those two old stagers Mike Lavelle and Peter Inward. The latter was celebrating his 10th Residents' Play. The lyrics were witty and fitted well with the music, and the voices were good. Perhaps Trotts was a little husky, but the poor chap had been on the 'phone a lot. And let's not forget all those backstage, acknowledged in the Credits, who played such a vital part in the Play's success; as well as the Guy's Theatre Club to whom the Residents have so often been grateful, as on this occasion.

CAST

Civil Servant/Switchboard	D. JONES
Civil Servant/Stella	B. WAY
Civil Servant/Houseman	T. CUTLER
Civil Servant/Sister Callgirl Poker	P. MOWSCHENSON
Minister/Porter/Male Nurse	R. GREEN
Dr. Trotts	R. YETTON
Dr. Sherrywell	E. EVANS
Dr. Mutton	J. SIMPSON
Mr. Mates	A. JAMES
Mr. Sackburn	A. JOHNS
Mr. O'Fling	A. BROWN
Dr. Dullchar	P. LOXTON
Dr. Mite	S. DOYLE
Major General Dodgers	D. JONES

CREDITS

Script (as written)	A. SUTHERLAND
Script (as spoken)	THE CAST
Music	T. THORNTON & M. A. LAVELLE
Assisted by	C. BAKER
	B. McLEOD
	J. FRASER
	P. INWARD
Stage Manager	M. BUNYARD
Light and Set Design	A. SUTHERLAND
Lighting	D. SYKES
	P. CALVERT
	K. DANIELS
Effects	A. HALL
Make-up/Wardrobe	P. CURRAN
Photography	M. LYONS
Sounds	D. FINE
	J. REES

Lyrics	Dr. & Mrs. J. SEARLE
	D. JONES
	A. SUTHERLAND
	A. JOHNS
	A. BROWN
	K. HENLEY
	T. THORNTON
Business Manager	J. CAMM
Business Secretary	M. A. COCHRANE
Ticket Officer	J. WEBSTER
Direction	D. JONES
Production	A. SUTHERLAND
Secretarial Assistance	J. COX
	M. A. COCHRANE

The Major General's song was certainly one of the best.

MAJOR GENERAL'S SONG

I am the very model of a modern major general
I've information military, medical, venereal
Because I work in casualty my air is very casual
Transition was quite difficult to matters truly medical
In army life it's very rare to see the pathological
Referring to the housemen either medical or surgical
Can put me in the centre of an argument political
I wonder why they all ignore their dashing major general.

The students when they see me say my teaching's quite phenomnal
The house men all agree although they tend to think I'm comical
They liken my appearance to a personage theatrical
Whose name is Ronnie Corbett with his comments super humeral
And though I feel quite flattered I will state it categorical
The reference to likenesses are purely anatomical
I've wit and charm and cause no harm, my thoughts are quite illogical
No wonder that they all ignore their charming major general.

I am the very model of a modern major general
I'll speak to you quite openly and never in rhetorical
My heart is in the N.H.S., my mind is not on capital.
To have a man like me in Guy's is something rather radical
I like my job, I am enthusiastic not fanatical
I stand well clear, don't interfere in matters academical
I wear a smile and all the while you know I am dependable
No wonder that they all adore the jolly major general.

Roll on February 1975. Next year's play will have to be superb if it is going to be as good as in 1974. Oh! Those BANGS. I don't think it was the Arabs. I think they were explosions in the Anaesthetic Department.

G.W.S.

The 1974
Oxford to London Rowing Marathon

On Sunday, 28th April, at approximately 3 a.m. an VIII from Guy's Hospital Boat Club will pass under Folly Bridge—the start of the 1974 Oxford to London Marathon. Throughout that night and the next day the crew will row the $113\frac{3}{4}$ miles non-stop and navigate 34 locks before landing at Rawalpindi Steps, just beneath the Tower of London. The crew will be accompanied by several support parties and launches.

In addition to the considerable achievement of merely completing the course, the crew will be attempting to break the record set up by Wallingford Rowing Club in 1970.

The course has only once before been attempted by a Guy's crew—in 1970. Mike Gleeson, a veteran of that row has been coaxed back to captain this year's VIII which is composed of the nucleus of the IV which has won the Boston Marathon for the last three years, plus our other University oarsmen. Guy's Boat Club has a record of success which is unparalleled by any other British club in the field of long distance rowing.

The aims of this year's venture are twofold: 1. to break the national record held by Wallingford; 2. to raise sufficient money to enable the Club to buy a new boat.

We have always been justifiably proud of our record in training freshers and it is interesting to note that two of the three Guy's men to row in the National Squad during the last three years had no experience of rowing before joining Guy's. We are however finding our training schedule hampered due to lack of suitable small boats and it is our intention to raise some £750 toward the purchase of a new restricted IV.

Whether Guy's break the record will depend entirely upon the durability of the crew and the efficiency of the lock parties. Whether we are able to buy the new boat will depend upon the support and generosity of those willing to sponsor the Club.

A sponsorship form appears on page 106 and as the reader will observe there are several ways in which he can be seduced into parting with his money. Those wishing for an element of chance are invited to sponsor the crew at-so-much-per-mile and buy tickets for the stop-watch competition. Prizes will be awarded to those who most nearly estimate the time that will be taken by the crew to row the course. For those less inclined towards the slippery slopes of gambling we shall be pleased to accept donations.

Those wishing to obtain up-to-the-moment information on the progress of the crew on Sunday, 28th April, may do so by telephoning 01-407 7600 Ext. 257.

SIR,—Nearly four years ago we witnessed with considerable pride, and not without a certain amount of relief, a Guy's IV gliding through the centre arch of London Bridge. They had just completed the 113-mile row from Oxford to London, virtually non-stop, in just 21½ hours.

The success of the marathon was not only due to the effort of the crew but also to the tremendous support of Boat Club members and the generosity of the Hospital Staff. The enterprise was a most magnificent display of team effort.

This year on the 24th April, our VIII will attempt the Oxford to the Tower of London row.

The crew has to be trained. Timing has to be carefully worked out so that the crew will reach Teddington to catch the ebb tide. 34 locks have to be negotiated and during the night, teams must be arranged to man each lock. Arrangements have to be made with the Thames Conservancy, the River Police, the Port of London Authority and the Tower of London.

The reason for this aquatic marathon is partly for the fun of it and partly to raise funds for a sorely needed boat. For this, sponsors for the trip are invited at so much a mile. At even a penny a mile it would cost the sponsor at most 113p—and possibly a good deal less!

I would encourage all those able to, to support the Boat Club as described on the sponsorship form.

Yours faithfully,

112A Harley Street,
London, W1N 1AF.

JAMES MANSIE.
President G.H.B.C.

SPONSORSHIP FORM

I should like to sponsor Guy's Hospital Boat Club in the Oxford to London Marathon.

(i) I enclose a donation of £

(ii) I should like to sponsor the crew at p per mile.

(iii) Please send me tickets at 5 pence each for the stopwatch competition.

Signed.....

Address.....

Please return to :

G. W. G. Vevers,
Captain, Guy's Hospital Boat Club,
East Wing,
Guy's Hospital,
London Bridge,
SE1 9RT.

NURSING

CO-OPERATION OR MANAGEMENT?

In a recent speech to doctors, Mr. Brian Salmon was reported as saying that the medical profession as a whole had continued to complain about the decline in nursing standards in this country, since the implementation of the recommendations contained in his report. He produced the hypothesis that they did in fact know very little about management, when this extended beyond the bounds of managing their own patients, and that if the new health service is to prove viable, they should turn their attentions in this direction.

It is, of course, not surprising that Mr. Salmon should say this, since in the first place he is paid to do so, and secondly is involved in the management of the largest chain of tea shops in the country, and therefore has more than a passing interest in the subject. One cannot help wondering, however, whether his solution to the problem is ideal.

Doctors, Mr. Salmon maintains, still regard nurses as their handmaidens, who are capable only of bowing and conforming to their whims. This, of course, is true to a certain extent, and every nurse in the country could doubtless quote tales of inconsiderate and impolite consultants. The winds of change, however, are now detectable, and those members of the profession who are nowadays reaching senior status much younger, do not behave in this manner. Nor for that matter did many do so previously.

Hospitals were built in order to care for sick people. This fact overrides everything else, including the teaching of students to do this task. Because it is people, and not quick brew tea, which are being handled, ordinary industrial attitudes cannot be adopted and it is misguided to presume that they can. Neither doctors nor nurses make particularly good managers, due to the attitudes engendered during their training, but sending them on courses which were designed for those in industrial concerns, and which have been, in many instances poorly adapted, is not going to improve their ability.

It is surely time that the members of the two professions regarded themselves as co-workers in a team, neither of which is a handmaiden, or for that matter a demi-god. If the authorities would apply themselves to constructing a career structure in which there was both a continuance of education, and also adequate remuneration, whilst at the same time encouraging nurses to remain in the clinical field, the net results would be more gratifying. At the same time medical students should be taught to work with nurses as a team, in order that after qualification their attitudes would be more flexible and in some instances more reasonable.

CORRESPONDENCE

SIR,—I wrote to you in 1967 and appealed to your dental readers to send me all their extracted teeth. The response to that appeal was most favourable and I was sent large supplies of teeth for our dental students to use in the Phantom Head Department. I also received over 170 dentures and many deciduous teeth from children which we were unable to use.

May I use your columns once again to renew this appeal to dental practitioners. Following extraction the teeth should be placed in an antiseptic solution and not allowed to dry, as they become brittle. Suitable containers will be sent on request and all contributions should be sent to me and will be gratefully acknowledged.

I should like to take this opportunity to thank the hundred or more practitioners who regularly send us teeth.

Yours faithfully,

A. H. R. ROWE.

Department of Conservative Dental Surgery,
Guy's Hospital, London Bridge, SE1 9RT.

The Sugar-chuff and Singing Sands

SIR,—Every issue of the *Gazette* brings back memories of student days at Guy's. A frequent one is of visiting wards in the small hours of the night, looking into a certain night nurse's blue eyes while drinking tea. This was just before the departure for Oxford of that wonderful teacher, John Ryle, who stressed the importance of close observation, the questioning mind, as well as of social pathology. So, some 40 years ago, I think, I first observed that suddenly putting a teaspoon of granulated sugar into piping hot tea or coffee produces a quenching sound, a *chuff*! that can be heard across a quiet kitchen or nurse's sanctum. I have since met very few people prepared to believe this. After all the tea-drinking that goes on! Why the chuff I appeal for an answer, which may not be the obvious one. The chuff is easily audible at 95°C but starts fading rapidly below 75°C. (The same sort of chuff is emitted by sand). The sound is louder and different from that of a spoonful of sugar poured into a cup of tea. I have encountered sands in which a footstep or prod provokes a loud squeak or bark, and there are fascinating accounts of loud booming or singing sands in a few localities.[1] The sound appears to be due to friction accompanying closer packing of the grains.[2] After recording music from sands at Kotobikihama, Takahara found that heavy compression killed the sandsong, but that it could be restored by washing and drying, that is, by some unpacking of grains.[3] The singing sands found on certain beaches in the British Isles tend to be at the landward ends of submarine "watershed" ridges on the continental shelf, where tides and currents sweep sand from each side. This evidently leaves the fairly uniform and nearly spherical grains that are there capable of sandsong.[4]

Is the sugar-chuff simply due to turbulence of suddenly heated interstitial air, or is it at least partly due to friction accompanying packing before total wetting? And will someone please put some Welsh or English singing sand into a cup of scalding tea?

Skol!

Yours faithfully,

J. RALPH AUDY, *Director.*

G. W. Hooper Foundation for Medical Research
University of California,
San Francisco, U.S.A .94143.

References:

1. R. A. Bagnold, *The Physics of Blown Sand and Desert Dunes,* Ch. 17 "Singing sands" pp. 247-256. (Methuen, London, 1941, reprinted 1954).
2. J. A. R. C. Clarke, *New Scientist,* 59: 222 (1973).
3. H. Takahara, *J. Acoustical Soc. Amer.* 53: 634 (1972).
4. K. Ridgway and J. B. Scotton, *Nature,* 238: 212 (1972).

Friends but not Neighbours

SIR,—I write to you out of sheer boredom and frustration because I am compelled to eat away from my friends. This is all because they prefer Bonio and I Kit-e-Kat. Day-1 of the scheme to reorganise the wheres and whats of Spit food exemplified what most people with just a little foresight predicted. It has split up groups of friends and the student body as a whole on the basis of feeding discrimination.

This seems a high price to pay for shorter queues; I take this as an insult to my intelligence since. after eating the main course, I had to queue up a second time to buy a cup of coffee in the Lower Spit. The queues may be shorter, but the time spent in queueing is no shorter.

Improvement is necessary; but wouldn't it be more satisfactory to improve the catering rather than shift around the consumer body of some 1,200 people?

Please, Mr. Fine, do we have to endure this trial period of another two months and 29 days?

Yours desperately,

R. KIRSCHEN.

East Wing,
Guy's Hospital, SE1 9RT.

NOTICE

The Guy's Hospital East Anglian Dinner for 1974 will be held on Saturday, 27th April, at the Post House Hotel, Ipswich, at 7.00 for 7.30 p.m.

The President will be Mr. H. A. Ripman and the guest of honour will be Professor John Trounce.

If any Guy's East Anglian has not received notice of the dinner but would like to come would he please write to:—

Dr. C. Bishop, Department of Anaesthesia,
The Ipswich Hospital, Anglesea Road Wing,
Ipswich, IP1 3PY.

SPORT

Sports Commentary

This article will not be familiar to readers of the *Gazette*. It is, in fact, a revival of what has been a regular feature in the past and is designed to inform Guy's people of the activities of the Sports Clubs and, perhaps more important, ex-Guy's people, how the Clubs which they may once have represented are faring at the time of writing. Secretaries are thus urged to inform the Sports Correspondent of any particular events which they wish published in the *Gazette*. It is not intended that every Club will be mentioned in every edition, and it is most strongly stressed that this article is NOT designed as a substitute for match reports which are themselves in very short supply at present.

So, what of the month of March? As many people saw, the Rugby Hospitals' Cup XV put up an excellent performance against a very strong Westminster side, going down narrowly by seven points to six. The Junior Hospitals' Cup side finally beat St. Mary's 10—6 in a replay of the quarter-final after a pointless first game and now go on to play St. Bartholomew's Hospital in the semi-final. It seems that Kung Fu is coming to rugby as Mike Coe broke the leg of an opposing winger while scoring a try in this match. Another Hospitals' Cup success, again at the expense of St. Mary's, was the Golf Society, who won the final 6—4. The Hockey Club went down by the odd goal in three in the final of the U.L. Cup against London Hospital, having won the semi-final of the same tournament by the same score only an hour before. Surely, in spite of the "unavoidable" situation which appears to have occurred, this kind of mix-up should be avoided. As the final of the U.H. Cup is also against London Hospital, the better side should win, unless, ironically, it has to be decided on penalty flicks. The 1st XI achieved promotion in their first season in the Truman South Hockey League from the fourth to the third division. On a more basic level of hockey, the 3rd XI seem to be back on the map despite John "Fairweather" Fewster failing to appear against Tonbridge 4th XI when they won by the odd goal with nine men on a rather "unpleasant" day. The Squash Club painted Cambridge red on their annual week-end tour and as well as playing considerable amounts of squash tried swimming in the Cam in the early hours, which they found cold. The Ladies' Squash Club is functioning again as is the Ladies' Boat Club which is now efficiently run by the aptly-named Jenny Loch. Finally, the new Badminton Club is swiftly gathering strength, and if you want to play, contact Ian J. Mackenzie, via the East Wing.

Coming Soon . . .

Junior Hospitals' Cup—Rugby: semi-final vs. St. Bartholomew's.

Oxford to London Marathon—Boat Club: 28th April.

Hospitals' Cup—Squash: semi-final vs. St. Thomas's, at Guy's.

Folkestone and Paignton Hockey tours—Easter week-end.

BOAT CLUB

Bedford Head of the River

Saturday, 9th March

The day was grey and the day was cold as the Club gathered at Guy's to travel to Bedford. The greyness and cold increased as we made our way to the Fens but fortunately there was little wind over the river.

The second boat had the pleasure of starting at lunch time and so, soon after arriving in Bedford, the crew hungrily made its way towards the start. There was a hold-up at the start which made the crew somewhat chilly but this was soon forgotten once the race started. Charles Pugh wore a worried expression as he coxed our boat through the narrow railway bridge but we reappeared safely on the other side.

The boat steered away from the bridge towards the town with two other eights in close pursuit. Fortunately they paid less attention towards each other than they did towards catching up with us and so they collided. This gave our crew renewed vigour and it surged away at the phenomenal rate of two crabs/minute. Towards the finish these crews were again challenging our second eight but were held off with a most spectacular finish.

The first boat was able to row in the exalted realms of the third division with Jesus College, Cambridge, in front and Bedford School behind. Both of these crews were of some note.

After the start the first boat took a length off Jesus and held the gain for a while. However, the Cambridge College pulled away over the middle section of the course to a lead of some three or four lengths. Meanwhile, Bedford School did not prove to be very much of a threat from the rear.

By the time the finish was in sight, Jesus had stopped pulling away and Guy's were making ground, albeit slowly. The redoubled efforts at the end of the race were not enough to make any considerable impression on the lead built up by Jesus.

Both crews can be said to have a good row in that their limitations were brought to light for correction in the future. The first boat can be pleased with its effort as everyone worked flat out over the course.

Results:

1st VIII came 39th.

2nd VIII tied with the Civil Service Ladies.

Bedford Crew List :

1st VIII—Bow, W. Odom; 2, S. Durham; 3, S. Rosie; 4, M. Russell; 5, B. Pinkney; 6, A. Chivers; 7, M. J. Gleeson; 8, P. Bolton; cox, F. Moorhouse.

2nd VIII—Bow, A. Dighé; 2, M. Thomas; 3, M. Browne; 4, L. Jacobs; 5, J. Hancock; 6, J. Beard; 7, S. Caswell; Stroke, N. Draine; cox, C. Pugh.

Reading Head, 16th March

Unlike Bedford, the weather at Reading was fine, warm, sunny, and there was a following wind along the river. The wind made the row to the start rather tiring but the race was made that much easier.

Reading is a popular Head Race as it provides a variety of top crews for the spectators to watch and the participants to compete with. The course is of sufficient length to give one the feeling of having had a really worthwhile row, whilst the countryside provides a variety of scenes along the bank.

This year, the second eight made use of the A.R.A.'s new ruling, which allows women coxes to take charge of men's eights. With Charlotte in charge, the crew made its way to the start. Waiting at the start proved to be a problem because of the fast stream. The crew's efforts at keeping their place provided all the other boats with a good ten minutes' entertainment.

The boat started in that notable position of last. We had passed one crew before the start and so felt very confident when we were told to row.

There was very little opposition as we thundered down the course. Those behind us got further and further behind whilst those in front—stayed there. Despite this, the row was well controlled and everyone managed a little extra for the last dash towards the finish.

Charles Pugh, Esq., after his fine performance at Bedford, was given the First boat to cox. This crew had a fine row that Saturday afternoon and managed to pass two boats, without being passed themselves.

It was unfortunate that they should have moved up so quickly to the first boat that they were to overtake. This resulted in their passing at a very narrow stretch of the river and so clashing blades. However, this was the part of the course where overtaking was specifically banned, so they had to gracefully accept the extra time that this clash imposed upon them.

Crews:

1st Boat—Bow, N. Odom; 2, S. Durham, 3, P. Rosie; 4, M. Russell; 5, B. Pinckney; 6, A. Chivers; 7, M. Gleeson; stroke, P. Bolton; cox, C. Pugh.

Started 65th. Finished 46th.

2nd Boat—Bow, S. Hollinshead; 2, M. Thomas; 3, M. Browne; 4, L. Jacobs; 5, J. Hancock; 6, A. Friend; 7, T. Palmer; stroke, N. Drane; cox, C. Cavenagh.

Started last. Finished 3rd from last.

No. of entries—101.

U.L. Head Race, 20th February

Two Guy's crews competed in this event, rowed from Mortlake to Putney. Despite quite gross changes in the crew necessitated at short notice, the first boat went well off the start, and managed to overtake three crews over the first half of the course. From Hammersmith the going was more heavy but to finish 5th, having started 15th, cannot be a bad result.

N. J. Odom.

1st VIII—Bow, R. Newton; 2, S. Durham; 3, P. Rosie; 4, M. Russell; 5, R. Harn; 6, M. Gleeson; 7, R. Pinckney; stroke, N. Odom; cox, F. Moorhouse.
2nd VIII—Bow, A. Dighe; 2, M. Thomas; 3, S. Hollinshead; 4, L. Jacobs; 5, J. Hancock; 6. A. Nother; 7, S. Caswell; stroke, G. Vevers; cox, D. Coates.

HOCKEY

Annual Past vs. Present Match — 3rd March, 1974

Result: Present 3, Past 1

This match combined an outstanding social occasion with a high standard of hockey.

The pre-match warm-up started in "The Miller" and proceeded to "Party Fours" in the changing room.

The Past side, containing many household names of the Veteran, sorry, Vintage years, offered a considerable threat to the Present side. This and the cold but sunny day and the large numbers of supporters promised an enjoyable afternoon.

The Present side attacked from the start but were unable to substantiate this. The Past side "connected" after about ten minutes and there followed a period of intense activity around the Present goal, culminating in a short corner. M. Appleby converted this, following a rebound from the initial shot. I'm not sure whether J. Cottingham raised his foot at the second shot merely in surprise at being confronted with two shots in as many minutes or to do up his boot laces. Either way a goal resulted.

The first goal for the Present side was a somewhat disputed affair: R. Burns did or didn't touch the ball in the circle and P. Calvert deflected the

ball into the goal whilst attempting to stop the powerful cross ball, initiated by our one and only J. Horton—"streaking" down the wing.

R. Burns confirmed his influence on the game by scoring a further two goals, making his hat-trick and guaranteeing a jug. Both these goals occurred later on in the second half when the Present side were shown to be marginally fitter. The extra room that this provided allowed them to move the ball around more than previously.

The evening that followed included classical exhibitions of clap clap, fizz buzz, etc., with the old hands holding their own—they obviously had not forgotten everything that Guy's had taught them.

Past Side—S. Rear, D. Loader, D. Crafts, P. Calvert, R. Lallemand (capt.), D. Silk, C. Brooks, C. Pearson, M. Appleby, S. Averill C. Calder.

Present Side—J. Cottingham, C. Hendy, G. Sparrow (capt.), P. Duckworth, M. Selley, P. Nicol, J. Horton, C. Crawshaw, J. Vafidis, R. Burns, R. Forber. Sub: S. Flint.

SQUASH

Cumberland Cup Challenge

Tuesday, 19th March, 1974, was the day the Guy's Hospital Squash Rackets Club faced catastrophe. This was averted by the courage, skill and determination of five men.

These men rescued the club from relegation from the third to the fourth division of the Cumberland Cup in the face of the strong and brave challenge made by the Hurlingham Squash Club seeking promotion. However, the force was not irresistible and the immovable object stood firm.

Chris Mackenzie was first on court and, after winning a very tight first game, hit form (as well as his opponent) and won handsomely 3—0. This put Guy's one up in the overall score. The score drew level a few minutes later when Kevin Clemens lost in the fifth game on the other court. The next match was between Robert Kirschen and Giles Stimson who used to play for Guy's a few years ago. Robert started off in glory, winning the first six points, only to lose the next twelve and shortly later his match.

At this stage Hurlingham were 2—1 up overall and all eyes turned to John Lewis who fought his way to a marvellous victory. He survived four match points against him in the fourth game and won the fifth game 9—7.

This made the overall score 2 all; all hinged on the last match between Peter "Flatfoot" Collins playing for Guy's and Robert Milne. And . . . yes, you've guessed it, the score was 2 games all. Tactics played an important part in this fifth game: a new ball was demanded should the old one break, penalty points claimed and given, blood pouring from the Hurlingham player's elbow. The public then witnessed a rare sight: Peter Collins breaking into a trot which brought victory to Guy's by a very narrow margin.

R.K.

Kevin Clemens lost to R. Briance 2—3
Chris Mackenzie beat A. Young 3—0
Robert Kirschen lost to G. Stimson 0—3
Peter Collins beat R. Milne 3—2
John Lewis beat L. Pilkington 3—2

University of London League

In contrast to the epic of the Club's survival in the Cumberland Cup, two of the Club's officers attended the more mundane U.L. Squash League meeting. This proved successful for Guy's: Our 1st team came fourth in the first division; our 2nd team won the third division comfortably and was promoted to the second division; our newly introduced 3rd team held its own in the third division and remains there. Next season we hope to maintain this state of balance with a team in each division.

R.K.

SAILING

Guinness Cup — Guy's Win Again

As Guy's won the inter-hospitals' Guinness Cup last year, it was our turn to run the tournament this time. The preliminary rounds were held on 24th November, eleven teams turning out on the day, despite windy conditions. By beating Mary's II and the London, Guy's came through to the Finals to face Bart's, who beat U.C.H. after a protest.

The Final was arranged for the 9th February when the weather was even worse than previously—not only was the wind stronger but it was also raining! However, it was determined that the match should be held, and after a little delay the first race was started. At the first mark Guy's had 2nd and 3rd places but, just after the fourth boat had rounded the buoy, a deceptive gust of wind came and four boats capsized. Fortunately, the two remaining boats were both on the Guy's side, and they managed to survive the course without mishap.

There was a little less wind for the second race, which was held after a quick adjournment to the bar. Only one boat capsized in this race, and Guy's finished 1st, 3rd and 5th, needing only two boats to finish in order to win. Guy's won the match by 18½ points to 34.

Thanks must go to all those who helped to run the event so successfully, especially R. Ingham for most of the organisation, Miss L. Finlay for her sterling work in the kitchen (as always), and H. Watkin who was of great assistance in the starting box. Of course, we should not forget Guinness, who provided a barrel of their best, to the enjoyment of all competitors.

Team—D. Greaves, P. Hutchings, R. Ingham, N. Kay, R. Perkins, W. Sudell.

HOSPITAL INFORMATION

Applications are invited for the following house appointments due to begin on 1st June, 1974. Forms of application are obtainable from and should be returned to The Superintendent, not later than **10th April, 1974.** The Postgraduate Sub-Dean, Dr. Knight, and the Superintendent, will be available between 1.00 p.m. and 2.00 p.m. on Wednesday, 3rd April, in the Senior Common Room, Guy's House, to give advice on applications for House Appointments to anyone requiring it.

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

GUY'S HOSPITAL

House Physicians (4)
House Surgeons (3)
Throat and Ear House Surgeon (1)
Gynaecological House Surgeon (1)
Genito-Urinary House Surgeon (1)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's or elsewhere.

House Physician (1)
House Surgeon (1)
Thoracic House Surgeon (1)

ST. OLAVE'S HOSPITAL

House Surgeon (pre-registration) preference given to second six months candidate (1)

House Physician (pre-registration) preference given to second six months candidate (1)

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (pre-registration) (2)

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Mallinson (1)
House Surgeon to Mr. Williams and Mr. Park (Urology) for three months, then Mr. Stoker and Mr. Candy for three months (1)
House Surgeon to Mr. O'Flynn (General Surgery) and Mr. Wilson (E.N.T.) (1)

ST. HELEN'S HOSPITAL, HASTINGS

House Physician with Geriatrics to Dr. Irvine (married accommodation available) (1)

HITHER GREEN HOSPITAL

House Physician to Dr. Price and Dr. Brown (1)

LEWISHAM HOSPITAL

House Surgeon to Mr. Lynn Evans (1)
House Surgeon to Mr. Ivo Smith (1)
House Physician to Dr. Price (1)
House Physician to Dr. Roberts (1)
House Surgeon with Orthopaedics to Dr. Monty (1)

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Thomson, and Dr. Mallinson (1)
House Surgeon to Mr. O'Flynn (1)

PEMBURY HOSPITAL

House Surgeon (1)
House Physicians (2)

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott (1)

ORPINGTON HOSPITAL

House Surgeon—General Surgery and Orthopaedics to Mr. T. A. Boxall and Mr. S. J. Lam (1)
House Surgeon—General Surgery and E.N.T. to Mr. Walker-Brash and Mr. P. Ratnesar (1)
House Surgeon—General Surgery and Orthopaedics to Mr. Walker-Brash and Mr. S. J. Lam (1)
House Surgeon—General Surgery and Gynaecology to Mr. T. A. Boxall and Miss M. Austin (1)
House Physician to Dr. Southwell, Dr. Williams and Dr. Wharton (1)

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** in Anaesthetics from 1st June, 1974, for a period of six months in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Child Psychiatry part-time at Guy's and part-time at the Evelina Childrens' Hospital, for a period of six months commencing 1st June. 1974

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Senior House Officer** to Nuffield House (Private wing of Guy's Hospital) for a period of six months commencing 1st June, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Resident Obstetrician** (S.H.O. grade) for a period of six months commencing 1st June, 1974

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of Post-Registration **House Physician** to the Department of Paediatrics at Guy's Hospital for a period of six months commencing 1st June, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident **Paediatric House Physician** (Post registration) at the Evelina Childrens' Hospital for a period of six months commencing 1st June, 1974. The post is recognised in the DCH and consists of four months medicine and two months surgery.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units for a period of six months commencing 1st June, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Junior Surgical Registrar** (S.H.O. grade) to commence 1st May, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Registrar** in Clinical Pathology at Guy's Hospital to commence as soon as possible until 30th September, 1974, in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th April, 1974.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from Medical Graduates for the post of Lecturer in the Department of Physiology. There are good opportunities for work in connection with Clinical Departments and the unit of Psychology.

Salary within the range of £3,048-£4,548 plus £162 London Allowance and Superannuation. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT and should be returned not later than **22nd April, 1974.**

Applications are invited for the following Scholarships for the Session 1974-75. Forms are obtainable from the Dean and should be returned not later than **1st May, 1974.**

The Beaney Scholarship in Materia Medicine

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medicine (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of £341.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowships is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £106 per annum.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is £520.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine under the direction of the Professor of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £395 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £450.

PASS LIST

University of London
M.D.
February, 1974.
Dr. S. C. C. Scott.

PAPERS BY GUY'S MEN

Gaind, R., and others. Life events and maintenance therapy in schizophrenic relapse. **British Journal of Psychiatry,** 1973, **123,** 659.

Garvey, M., and Mutton, D. E. (1973). Sex chromosome aberrations and speech development. **Arch. Dis. Childh., 48,** 12, 937-941.

Grahame, R., and others. Survey or joint mobility and *in vivo* skin elasticity in London school children. **Annals of the Rheumatic Diseases,** 1973, **32,** 588.

Henry, A. N. Arthroscopy in the management of trauma to the knee joint. **Rheumatology and Rehabilitation,** 1973, **12,** 198.

Ivanyi, L. The response of synovial fluid lymphocytes to T and B stimulants *in vitro*. **Rheumatology and Rehabilitation,** 1973, **12,** 218.

Jarrett, R. J. Problems of the glucose tolerance test. **British Journal of Hospital Medicine,** 1973, **10,** 578.

Jeffreys, D. B., and White, I. R. The influence of oral contraceptives on the effect of low-protein-high-sucrose or low-protein-high-starch diets on male rats. **Proceedings of the Nutrition Society,** 1973, **32,** 81A.

Joseph, J., and Tydd, Mary. Effect of sodium fluoride on regeneration in the rabbit ear. **Nature,** 1973, **246,** 165.

Maurice-Williams, R. S. Tic convulsif: the assocation of trigeminal neuralgia and hemifacial spasm. **Postgraduate Medical Journal,** 1973, **49,** 742.

Mutton, D. E., and another. Sex chromosome aberrations and speech development. **Archives of Disease in Childhood,** 1973, **48,** 937.

Newman, D. L., and Bowden, N. L. R. Effect of reflection from an unmatched junction on the abdominal aortic impedance. **Cardiovascular Research,** 1973, **7,** 827.

Ogg, C. S., and Cameron, J. S. Cyclophosphamide and the treatment of the nephrotic syndrome in adults. **American Heart Journal,** 1973, **86,** 577.

Polani, P. E. Incidence of developmental and other genetic abnormalities. **Proceedings of the Royal Society of Medicine,** 1973, **66,** 1,118.

Polani, P. E. (1973). Incidence of developmental and other genetic abnormalities. **Proc. Roy. Soc. Med., 66,** 11, 1,118-1,119.

Prieskel, H. W. Precision attachments: uses and abuses. **Journal of Prosthetic Dentistry,** 1973, **30,** 491.

Rake, M. O., and others. Malignant carcinoid tumour with gangrene of the small intestine. **British Medical Journal,** 1973, **4,** 770.

Rees, R. J. W. Experimental leprosy and its clinical implications. **Papua New Guinea Medical Journal,** 1973, **16,** 105.

Rowe, A. H. R. A modification of the acid-etching technique for restoring fractured incisors. **Journal of Dentistry,** 1973, **2,** 36.

Schott, G. D. Documentation of spontaneous functional closure of a ventricular septal defect during adult life. **British Heart Journal,** 1973, **35,** 1,214.

Seymour, W. M. and Lessof, M. H. Relapsing polychondritis and pulseless disease. (Correspondence.) **British Medical Journal,** 1973, **1,** 38.

Singer, J. D., and others. Hexosaminidase A in tears and saliva for rapid identification of Tay-Sachs disease and its carriers. **Lancet,** 1973, **2,** 1,116.

Singer, J. D., Cotlier, E., and Krimmer, R. (1973). Hexosaminidase A in tears and saliva for rapid identfication of Tay-Sachs disease and its carriers. **Lancet, II,** 7,838, 1,116-1,119.

Stafford-Bell, M. A. Fertility drugs and the media. (Correspondence.) **British Medical Journal,** 1973, **4,** 548.

Stimmler, L., Jaffe, Eileen, and Osborne, J., Snodgrass, G. Enamel hypoplasia of the teeth associated with neonatal teeth. **Lancet,** 1973, **2,** 1,085.

Tulley, W. J. Prevention of malocclusion and dentofacial anomalies. **International Dental Journal,** 1973, **23,** 481.

Wabaso, Marcus F. The causes of maternal mortality in the eastern states of Nigeria. **Nigerian Medical Journal,** Vol. 3, No. 2 (April 1973).

Walter, J. D. Composite impression procedures. **Journal of Prosthetic Dentistry,** 1973, **30,** 385.

Willis, J. H. P. Substitute for amphetamine. **Lancet,** 1973, **2,** 1,091.

Zaphiropoulos, G., and Burry, H. C. A study of depression in rheumatoid disease. **Annals of the Rheumatic Diseases,** 1973, **32,** 593.

CHANGES OF ADDRESS

Nick and Anne Barwell, The Mill House, 68 Highertown, Truro, Cornwall. Tel.: 0872-2597.

Mrs. M. J. Jordan, "Rockcliffe" 21, Foxhouses Road, Whitehaven, Cumberland.

Dr. L. W. Kay, "Tympany", Beckenham Park Place, Beckenham, Kent.

Dr. and Mrs. Michael Knight and Sarah, Jane, 11, Tuddenham Road, Ipswich, Suffolk, IP4 2SH.

Mr. and Mrs. R. C. Lallemand, 80 Tilford Road, Farnham, Surrey, GU9 8DW. Tel.: Farnham 25240.

Mrs. Barbara J. Solyom, S.R.N., S.C.M., (née Ridley), The White House, Henthorn Road, Clitheroe, Lancs.

BIRTHS

BOOTHBY—On 14th February, 1974, at Bury St. Edmunds, to Anne and Christopher, a daughter, Meg (Margaret Elizabeth Prescott), a sister for Hugo and Jebb.

PARKER—To Bib and Roger Parker, a son, Oliver, brother for Nicholas.

PERSONAL

WANTED. Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Phone: Farnborough (Kent) 58530 evenings or 01-407 7600 Ext. 357 daytime.

ASSISTANT/Associate required in busy multiple practice in town centre, Margate. Low-seated with complete clinical freedom, laboratory on premises, pleasant surgery with own chairside assistant and fully experienced staff, full book assured. For further details or appointment to view, please telephone 0843-21771.

TO LET. 16th—30th September, three-bedroomed villa, five minutes from Atlantic Beach or Arcachon Basin. Sandy beaches, safe bathing children. 450 francs. Tel.: 01-979 6222.

G.P. Exchange—Australia

GUY'S trained G.P. in eight man group near Melbourne wishes to spend six months in Britain in latter half of 1975. Interesting G.P. with obstetrics and anaesthetics (optional). Ample rostered time and weekends off. Six weeks holiday during the period. Would swop house, job and car. Home counties preferred, but anywhere considered.

Ideal opportunity if you are wondering about emigrating, or merely interested in travel.

D. T. Mansie, "Lagbuie", Harkway, Victoria 3806 Australia.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

DO YOU SUFFER ?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help !

BROMLEY OFFICE SUPPLIES

22 NORTH STREET, BROMLEY, KENT

01-460 2257

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS C. E. HANDLER, P. TILLMAN

SPORTS CORRESPONDENT A. M. KINGON

NURSING CORRESPONDENT Miss P. M. JEFFERIES

PHOTOGRAPHER S. J. TWIGGS

MONTHLY TWELVE PENCE VOLUME 88 NUMBER 2233

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

After 249 Years

Guy's has had a Board of Governors since 1725. From 1st April, 1974, as a result of the Heath administration's reorganisation of the National Health Service, the Board was abolished. We may ask if this was a good thing for Guy's patients or, indeed, for anyone else.

Our Board was reconstituted in 1948, under the N.H.S. and at its dissolution had 32 members. The Chairman was Lord Robens, and the rest included Consultant Physicians and Surgeons, a General Practitioner, S.R.N.'s, local Councillors (including two former Mayors of Bermondsey), the Chairman of the South-East Thames Regional Authority and of Thamesmead Joint Health Services Committee, the Dean of the Medical School and the Chairman of the Medical Committee and School Council. There were also a number of so-called "lay" Governors, descendents of the merchants, bankers and industrialists who have, down the centuries, wished to use their influence to benefit Guy's: such a man was Thomas Guy himself. There were also several "co-opted" members, who took part in the work of the sub-committees and in visits and we should not forget Mr. A. H. Burfoot (Clerk to the Governors) and Mr. E. Warburton (ex-Treasurer) who did much work for good causes in their own time.

The Board aimed to include those whose task it was to keep the Guy's Group of Hospitals running happily and to improve it, those from the local community who felt that these were "their" Hospitals and others who simply wished to be involved in helping the sick. Well-wishers, including many grateful patients, have left money to Guy's and the Board has increased this by investment, so that the

Endowments Fund is a substantial sum that must be used for the benefit of the Guy's Group. This, fortunately, will continue to be held by five Trustees.

In its last few months the Governors have, rather wistfully, been going over the improvements for which they have been responsible in recent years: New Guy's House, the Tower, the Nurses' Dining Rooms, a new Laundry, improvements at New Cross and St. Olave's and much more and have been regretting that they never had time to steer Phase Three (new Outpatients, new Medical Wards) of the Hospital reconstruction through the D.H.S.S.

It may be, and is, said that, because of its powerful Governors Guy's has been especially favoured, i.e. our patients are reaping the benefit. What a shocking thing, that distinguished people should use their expertise and influence to make a N.H.S. Hospital better.

Now that the Governors have gone, it will be hard to see who represents Guy's and takes final responsibility for what the place is and does. Perhaps someone will be found to present the Sisters with their long-service medals, with a nice speech, as Lord Robens used to do, and to give parties for the nurses and the many voluntary workers, but who will turn up at New Cross, St. Olave's and Dunoran Home to be shown the work there and to express appreciation, and who will tour the wards at Christmas to try to add something to the cheer? All these things the Governors regularly did; this cost the Health Service nothing.

The most serious loss is perhaps that of morale. Planners do not seem to understand that this is really what makes the difference between good and indifferent human institutions. Morale at Guy's has been extremely high. We wish success to the new regime, of course, but the loss of the Governors is going to be a serious blow.

Perhaps, one day, a more enlightened administration will restore our Governors or something like them. In the meantime as you pass down the Colonnade, spare a thought for those men and women who for so long, out of the goodness of their hearts, did so much to help our patients.

G.A.D.H.

Distalgesic wipes out pain

over and over and over again

DISTALGESIC™
tablets contain 32.5 mg
Dextropropoxyphene
Hydrochloride BP
with 325 mg Paracetamol BP

DISTALGESIC soluble
tablets contain 50 mg
Dextropropoxyphene
Napsylate BP
with 325 mg Paracetamol BP

Further information available on request. Dista Products Limited, Speke, Liverpool, L24 9LN
Distalgesic is a trade mark P2072/NOV72

OBITUARY

Professor D. P. Walther,

M.D.S., F.D.S., R.C.S., M.R.C.S., L.R.C.P., D.Orth.

Professor D. P. Walther held the post of Professor of Orthodontics at the Royal Dental Hospital, Leicester Square, from 1961 until his sudden death just before Christmas. He received his dental education at Guy's, qualifying in 1934, and after completing a house surgeon appointment in the Dental Department for Children, he practised in Hampstead. He returned to Guy's for his medical training and completed his course in 1941. He served throughout the Second World War in the R.A.M.C. and was with one of the first medical teams to arrive in France on D Day + 1. He returned to Guy's as a registrar in the Dental Department for Children and after completing his postgraduate training at the Eastman Dental Hospital and the Hospital for Sick Children, Great Ormond Street, he was appointed to the Readership in Orthodontics at the Royal Dental Hospital.

Professor Walther will be remembered by many old Guy's men as a man of great integrity and charm. He did much for orthodontics, particularly in his capacity as Secretary of the European Orthodontic Society from 1955 until his death and he will be greatly missed by the profession He was a great country man and spent all his free time on his farm, first in Surrey and then later in Shropshire. He was to have retired from his post at the Royal Dental Hospital at the end of this academic year.

W.J.T.

GUY'S DIARY

MAY

3	Fr	1.00	Clinical Lecture. Dr. HEWITT
6	M	1.00	Clinical Lecture. Dr. HYAMS
10	Fr	1.00	Clinical Lecture. Mr. SCHURR
13	M	1.00	Clinical Lecture. Mr. KINDER "*Urinary Incontinence*".
14	Tu	1.00	Clinical Lecture. Dr. SOWTON "Heart Block and Cardiac Pacemakers".
16	Th	1.00	Clinical Lecture. Mr. HAYWARD
17	Fr	1.00	Clinical Lecture. Dr. JOSEPH "Indications for Surgery in Congenital Heart Disease".
20	M	1.00	Clinical Lecture. Professor McCOLL "The Treatment of Peptic Ulceration".

NEWS IN BRIEF

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press:

Mr. C. A. W. Archer
Mr. S. K. Arnold
Professor Sir Hedley Atkins
Dr. B. Bancilhon
Dr. B. Batten
Mr. C. H. Bligh
Dr. A. G. Blyth
Dr. F. G. Booker
Mr. E. K. Breakspeare
Dr. T. B. Brewin
Dr. M. Brookes
Mr. A. Brown
Dr. T. H. S. Burns
Mr. I. Caldwell
Mr. J. M. Canet
Dr. J. H. Chitty
Dr. H. N. Collier
Mr. A. Collingham
Dr. R. N. Compton Smith
Mr. D. K. C. Cooper
Mr. K. Cooper
Dr. C. F. Cosin
Dr. J. A. Cox
Mr. N. M. Cripps
Dr. P. Curtis
Dr. H. G. Davies
Dr. P. M. Davies
Dr. D. F. C. Deacon
Dr. D. V. Duckworth
Mr. S. W. Edworthy
Dr. M. C. Ellis
Mr. F. N. Farnworth
Dr. E. J. Filose
Dr. D. I. Finer
Dr. H. G. Floyd
Dr. R. D. Forrest
Mr. I. C. Fuller
Dr. R. G. G. Gain
Mr. P. A. Gardiner
Dr. M. C. Gill-Carey
Dr. L. W. Godfrey
Dr. H. J. Goldsmith
Dr. R. V. H. Goulder
Dr. W. Gover
Dr. R. T. Grant
Dr. E. D. Y. Grasby
Mr. G. T. Green
Mr. R. C. Green
Mr. E. J. Greenwood
Mr. D. L. Gullick
Mr. D. J. Halestrap
Dr. J. F. Hallpike
Dr. H. N. W. Harley
Mr. P. D. V. Harrett
Mr. T. L. Harrison
Dr. A. J. Heber
Dr. E. R. Herst
Dr. H. Ho
Mr. L. Wyn Houghton
Colonel G. L. Humphreys
Professor J. N. Hunt
Dr. R. E. Irvine
Mr. J. N. James
Dr. A. L. Jeanes
Dr. B. E. Jerwood
Dr. A. B. Kenshole
Mr. C. H. Kinder
Mr. P. R. Kirby
Professor M. H. Lessof
Mr. H. Lester
Dr. M. J. Lockwood
Mr. A. M. A. Lowe
Mr. H. J. Lyon
Dr. N. W. MacKeith

Dr. B. C. Malleband
Dr. L. G. C. Martin
Dr. R. C. Matson
Dr. A. H. Mendoza
Mr. D. Middleton
Dr. L. Muir-Smith
Mr. R. F. A. Murdoch
Dr. C. M. Norman
Mr. R. D. Ogston
Dr. W. A. Openshaw
Dr. J. A. R. Parker
Dr. J. G. Parkes
Dr. P. L. Pelmear
Dr. B. M. N. Pitt
Dr. O. Plowright
Dr. J. R. F. Popplewell
Mr. J. L. Reed
Dr. T. N. Reynolds
Mr. A. D. W. Robertson
Dr. D. S. Robins
Dr. H. Rosenberg
Mr. R. H. Sainsbury
Dr. S. C. C. Scott
Mr. T. G. Scott
Mr. A. C. E. Seare
Mr. and Mrs. N. Sharples
Dr. A. J. Shillitoe
Dr. J. H. Smart
Dr. D. T. M. Smith
Mr. P. J. Snow
Dr. F. M. Staines
Professor G. Stead
Dr. W. G. Tillman
Mr. R. L. Timms
Dr. D. Q. Trounce
Dr. C. H. C. Toussaint
Dr. J. B. Vergano
Dr. D. G. Vulliamy
Major R. M. G. Watson
Mr. P. B. Webb
Dr. E. M. B. West
Mr. D. O. Wilkes
Dr. C. H. Wilkinson
Dr. J. A. Williams
Mr. A. Winskill
Dr. S. Wolff
Mr. J. Wolfle
Dr. M. R. Woods
Mr. S. W. Wright
Mr. and Mrs. R. M. Wynne Griffith
Mr. A. J. R. Yates

Also Mrs. Wills in memory of the late Dr. Lancelot Wills
Mrs. Knight in memory of the late Dr. F. H. Kingston Knight
Miss Donald in memory of the late Dr. A. G. Donald

Fellows of Royal Society

We should like to congratulate Professor R. Y. Calne, Professor of Surgery at Cambridge University, and Professor R. N. S. Thompson, who is Professor of Biochemistry at the Middlesex Hospital and Director of the Cortaulds Institute of Biochemistry, who have recently been elected Fellows of the Royal Society.

Before you dismiss a career in Naval Medicine, you might like to know what you'd be missing.

As a medical student you will be familiar with what medicine entails.

What you may not be so familiar with, however, is what medicine in the Royal Navy entails. It tends to be a little different in its application. More varied and interesting.

At sea, for instance, you could be anywhere from the Mediterranean to the Pacific Ocean. Looking after the health and well-being of an entire ship's company.

And though you could spend as long as the first eighteen months of your five year Short Service Commission on board different ships, you need have no fear of losing contact with mainstream medicine. For no matter where you are, you will be kept informed of current medical developments.

But that is only half the story. The other half has your feet firmly fixed on dry land where you would carry out your postgraduate medical training and a career in the clinical disciplines at one of our naval district general hospitals. Haslar or Plymouth, for instance, with their wide spectrum of clinical material drawn from naval personnel, their dependants and the local civilian population as well. There are also naval hospitals in Malta, Gibraltar and Mauritius, with opportunities for exchange appointments elsewhere.

There are also well staffed and equipped medical centres as far afield as Hong Kong and Singapore. And new training schemes are now under way in the United Kingdom.

Or you might prefer occupational medicine in our research orientated naval dockyards. Aviation medicine with its accent on rotary wing support of the Fleet. And for those with an administrative turn of mind, community medicine.

Royal Naval expertise in maritime medicine is recognised worldwide and research into underwater medicine, nuclear medicine and the closed submarine environment is centred at the Institute of Naval Medicine at Alverstoke.

Should you be moved or sent abroad at any time, all expenses will be paid by us. We will help you with accommodation (at very reasonable rents) and provide allowances for the education of your children, if you have a family.

But first, to be considered for a career in naval medicine, you will need your 2nd MB (or equivalent) and you must also be accepted by the selection board.

Once you have overcome these hurdles, you will be awarded a Naval Medical Cadetship. It's worth £1,898 a year. Then on qualifying, your pre-registration year can be spent either at one of our hospitals or at one of your own choice. Whichever you prefer.

Either way, when you have finished, you will be promoted to the rank of Surgeon Lieutenant at a salary of £4,099 a year rising to £4,249 after four years.

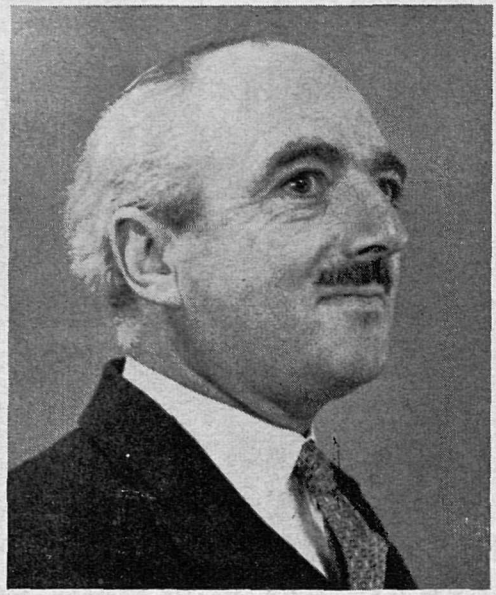
Then, at the end of your five year Short Career Commission you could leave, possibly with your higher degrees, and a tax free gratuity of £1,200 or more.

But if it's mutually agreeable, you can apply for either a 16 year pensionable commission or a Full Career Commission. The choice is yours.

If you would like to know more about Naval Medical Cadetships and practising medicine in the Royal Navy write to me at the following address:

Surgeon Commander L. C. Banks, R.N., (26BZ2) Department of the Medical Director General (Naval), Empress State Building, London SW6 1TR.

ROYAL NAVY



James Mansie, F.D.S., R.C.S., M.R.C.S., L.R.C.P.

Sad though the occasion is, nothing could be easier and few tasks more pleasant, I thought, than to write an appreciation of James Mansie. However, with pen tired and limp over pages of discarded scribble, it became clear that the difficulty was not in what to say, but how, within reasonable bounds to speak for all those who have personal recollections of James's kindness, care of patients, concern for students, and the endless trouble he takes to help—or to pull a likely leg. It is difficult to be precise as to the meaning and source of the Guy's spirit or whatever you call it, but it is certain that dental students and others at Guy's since the 1930's realise that James is very much the focus of their feelings of affection and loyalty to the place, and the embodiment of the Guy's spirit.

From 1926 when he came here as a premedical student, James has been at Guy's almost without a break—he spends a few hours every week at home and in his practice. After completing his dental and medical training he was awarded the Travelling Scholarship and Scholarship to Northwestern University. It is recorded that he visited 13 dental schools while in North America and this may explain the aversion to places other than Guy's that he has shown ever since. No one seems to know exactly where he went. His wife Enid, who has difficulty in tracing his daily movements even now, could hardly be expected to know, since they did not marry until after his return in

1935. Had I asked James he would have actively failed to remember, or invented an itinerary.

After helping to keep the Dental School going during the war, he was appointed Assistant Dental Surgeon in 1947 "during pleasure until aged 60" and most of us can think of some of the good purposes to which he could turn that phrase. Since 1954 he has been Dental Surgeon, Senior Dental Surgeon, Chairman of the Dental Committee, member of the Board of Governors, President of the Boxing Club and the Boat Club, and at least twice President of the Dental Society. When he speaks at meetings or after dinner, one can be sure that what he says will be to the point, and delivered in his characteristically hesitant manner with the maximum meaning in the minimum number of words. As Boat Club President, he threw himself into their affairs with enthusiasm and disregard for personal safety; directing the boat frequently from the cox's seat and occasionally from the water.

The gap James leaves is not simply that of a Consultant Dental Surgeon who did a very good job. He practised and preached good practical dentistry, attempting to counter what he and others felt were dangerous trends towards academic and somewhat unrealistic dentistry. Happily, and no doubt thanks to James, this has not gone as far at Guy's as at other schools, where excellence is measured in the ability to diagnose rarities and operative skill is despised.

James will still continue in his Harley Street practice, and in saying how sadly he will be missed and in wishing a happy retirement to him and to Enid, we all hope that he will pass this way often for many years to come.

NOTICE

THE GUY'S INNOMINATE CLUB, 1921

The Annual Dinner this year will be held at The Bath Club at 7.30 p.m. on Friday, 31st May, 1974. Price of dinner, excluding wines, £4.50 in advance.

You are requested to notify me as soon as possible if you wish to attend. Medical guests are welcome.

G. T. Hankey, *Hon. Secretary.*

Flat 3,
19a Cavendish Square,
London, W.1.
01-580 1141.

The Cresta Run

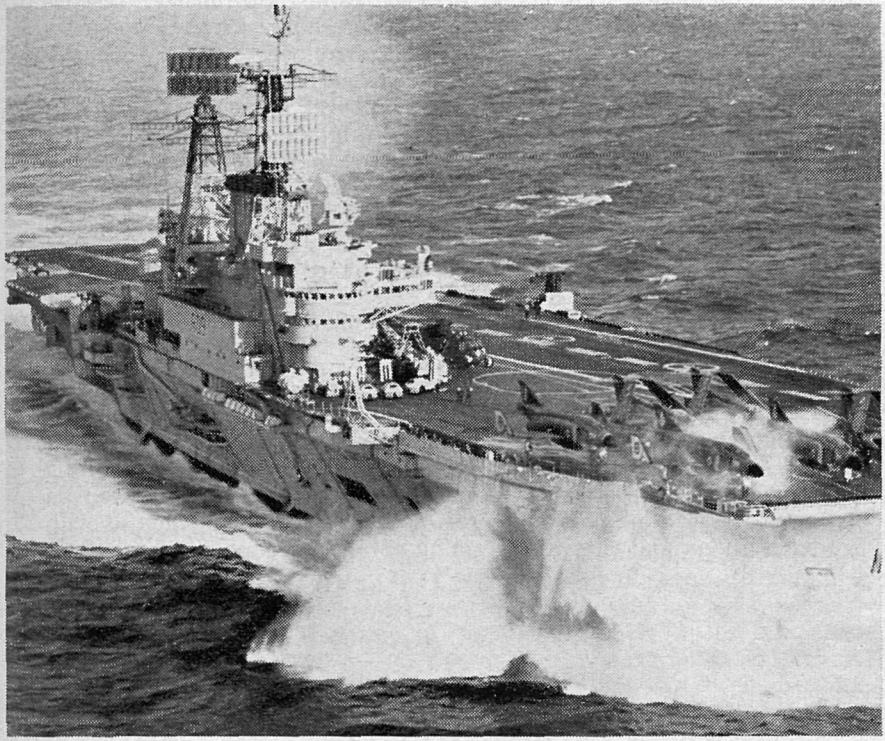
by N. F. SIMPSON

The Theatre Club is one of the few hospital "institutions" that can justly claim to capture the whole spectrum of student participation. It is perhaps this, that rarely fails to conjure up so much excitement before a Club production.

The "Cresta Run" was staged in the physiology lecture theatre from 18th March to 22nd March. The play is essentially a satire on the intricacies of espionage and particularly the British Secret Service. Unfortunately and somewhat inexplicably such a light-hearted comedy did not attract as large an audience as it deserved. Certainly a comedy is a foreboding task for direction and I should not be surprised if this "Cresta Run" was as much "the ultimate laxative" for Dave Sykes as would be its namesake in St. Moritz. I say this without hesitation. There can be few situations with as many inherent head-aches, heartaches and whatever-you-like aches as faces the director of a Theatre Club production.

The play concerned itself with a surburban husband and wife, Leonard and Lilian Fawcett, becoming involved in a plot with Sir Francis Harker of British Intelligence to capture some Russian Caviar. I must confess that that was as much of the plot as I could understand beside some drifting and apparently blind-ended incidentals. It was these spontaneous complexities that made the story so difficult to follow.

The cast were understandably nervous on the first night and missed-cues and forgotten-lines detracted somewhat from the first scene. Simpson obviously thought it best to inform the audience from the start that the execution of the plot would be as intricate as was to be expected from such a facetious "take-off", and it may have been the cast's initial and transmitted uneasiness that made the plot so confusing. By good fortune, however, it seemed my qualms were almost totally misplaced. The relevance of the plot (like the donkey's proverbial carrot) was quickly whisked from in front of our noses and the audience were swamped with a full unleashing of Simpson's mocking wit. Full marks to Leonard Fawcett (Patrick Treasure) for recovering (although never completely) from his initial dysphasia, and to his wife Lilian (Hilary Johnston) for playing her part as the complementary, unruffled wife with such control. She carried out her housework with the fastidiousness expected of a Guy's nurse. Steve Large as Sir Francis Harker, the Intelligence Chief, is to be congratulated on the degree of his technical presentation. His delivery, modulation and annunciation were of a high order and when things were "going badly," especially in the Fawcett's living-room, he asserted his authority over both cast and audience and managed to hold the play together. Robert Hangartner played Andreyevsky Bolsover Griffiths and a spurious Irish porter. I feel he could have been a little more



This could be your next surgery.

In the Royal Navy it isn't always easy for patients to get to a dental surgery. For obvious reasons.

So, as a naval dentist, if they can't come to you, then you must go to them.

And this could involve you being lowered onto a ship from a helicoptor for a two month tour of duty. We'll give you the most advanced equipment and materials and you'll treat everyone from the Captain downwards. Then be transferred to the next ship. You could find yourself visiting as many as 12 different countries in your first six months.

But some of your time, of course, is spent with your feet firmly fixed on dry land, at one of our shore establishments. Be they in Britain, the Mediterranean, Hong Kong, Singapore or Mauritius.

But first, to be considered for a career as a naval dentist you must have your 2nd BDS and you must also be selected by the Board.

Once you've overcome these hurdles, you will be awarded a Naval Dental Cadetship. It's worth £1,898 a year.

When you qualify you will be promoted to the rank of Surgeon Lieutenant (D) at a salary of £4,099 a year. Then after 5 years you could leave and receive a tax free gratuity of £1,500 or more, depending upon how long you spent as a paid cadet.

But if it's mutually agreeable you could apply for either a 16 year pensionable commission or a Full Career Commission. The choice is yours.

If you would like to know more about practicing dentistry in the Royal Navy why not write to me giving details of your age and education. I will send you any further information you require and answer any questions you might have.

The address is: **Surgeon Captain (D) G. J. Boyd, RN, (26BV1) Room 314, Empress State Building, London SW6 1TR.**

RN
ROYAL NAVY

aggressive in his difficult part but this may have been a consequence of his lack of confidence. Casting a theatre club production has many intrinsic problems but I'm sure the players of Leonard Fawcett and A. B. Griffiths should have been interchanged. Gelda (Diana Sliney) was the "dumb-blonde" secretary to the men from the Ministry. Besides decorating the stage she provided a refreshing, albeit incongrous sparkle to the drab, serious atmosphere in her top-security office. She was an attractive and overwhelming bait for Mr. Fawcett, and the blackmailing photographs of her chiropody clinics provided the audience with the entertainment she afforded her "twinkle-toed" client. It was these sessions that enabled Harker and his henchmen to pull the strings of their new, but ineffectual, puppet. Dave Cole as a thoroughly upright, public school Timothy Cask, assistant to Sir Francis, was his usual off-stage self. He put plenty of gusto and enthusiasm into his rôle as the efficient cog in the ministerial machinery and blended his inimitable delicate humour, ("The lanthorn doth the horned moon present") into his lines. He is surely an asset to any team.

Just a word of mention of the production team and in particular to Geoff Auckland, the stage manager, who provided a beautifully built and imaginatively conceived set, which seems to be a constant feature of Theatre Club productions. The "Cresta Run" is a daunting challenge to any Company and the Club are to be congratulated on carrying it off with a certain degree of panache and providing us with an entertaining and enjoyable evening.

C.E.H.

NOTICE

GUY'S HOSPITAL SOCIETY

BOURNEMOUTH AND WESSEX

The summer meeting of the Society will be held this year on Thursday, 16th May, 1974, at the Lyndhurst Park Hotel, Lyndhurst, at 8.00 p.m.

There will be a buffet costing £1.50, coffee extra. This is an excellent opportunity for you to bring your wife and friends to a Guy's gathering and we look forward to good support.

The buffet should prove excellent value, as the price has been subsidised from accumulated funds.

Please forward the attached form with details and remittance to me by Thursday, 9th May.

E. H. Archard, *Hon. Secretary.*

Ken Russell's Latest Victim: Mahler

Gustav Mahler's prophecy that his music would not be appreciated by the concert-going public until 50 years after his death, has proved to be remarkably accurate. Mahler succumbed to a streptococcal septicaemia in 1911, but it was not until the 1950's and 60's that concerts and recordings of his music became widespread. Recently, he has attained a pinnacle of fame shared by Elgar, Debussy, Delius, Strauss and Tchaikovsky, namely, of being the subject of a Ken Russel film (now showing in the West End) Fame indeed!

It has been said that Mahler's belated popularity results from the conflicts within his music reflecting our uncertain times. An article appeared in the *Gazette* (17th July , 1971) on the composer Anton Bruckner, in which we learned that he was a man "of deep religious faith", "creating to the glory of God high cathedrals in sound". Although he is often thought of in the same breath as Mahler, the similarities are only superficial. Bruckner's symphonies are vast constructions brimming with the certainty of faith. All his completed symphonies end triumphantly. Mahler was one of Bruckner's most faithful followers from his student days at the Vienna Conservatoire, where the elder composer taught harmony and counterpoint, but the mood of his own music is very different. Mahler was a soul continually beset with doubts, perplexed by life's tragedies and fearful of death, and his music reflects this unrest. When his symphonies end with triumph, it is usually hard-won; his sixth ends in doom and despair. Bruckner had found his God; Mahler was always seeking his.

Mahler earned his living as a conductor, working his way from small provincial opera houses to the Vienna Court Opera, where he was Director from 1897 to 1907. He retired to the countryside for his summer holidays to write down the music that had been growing within him for the previous months. His symphonies, with such long gestation periods, tend to be on a large scale, but with a sense of unity so that all proceeds with a sense of inevitability from beginning to end, and the finale becomes the most important movement, in which the conflicts of the preceding movements are resolved.

There are many features common to his works, but two deserve special mention. The first is his preoccupation with sadness and death, and the frequent use of funeral marches. In his second symphony, death is overcome in conventional Christian terms in the choral finale:

> All that has grown must perish,
> What perishes will rise again,
> Be not afraid!
> Prepare thyself to live!

but such a solution became to feel less satisfactory later. In the sixth symphony, the "hero", marching through life, suffers three blows of fate in the finale, dramatically realised in the orchestration as "hammer-blows". After the first two, the "hero" staggers but picks himself up and marches on, gaining more and more confidence, until the third shattering blow lays him low. A solemn requiem is intoned, and Death leers triumphantly.

His obsession with mortality is balanced by his love of life, in particular his love of Nature. Long walks on the Austrian hills and lakesides were essential for his equanimity, and his music abounds with the images thereby imbibed. The military tread of the sixth is interrupted in the first movement by a quiet day-dream, with cow-bells jingling distantly, the last link with civilisation from the Austrian hill-tops. The third movement is a restful interlude as the "hero" contemplates the splendid panorama from the summit, before the storm clouds of the finale gather to throw him into the abyss.

More than any other composer, Mahler's psyche is reflected in his music. During rehearsals of the sixth, he was found walking around his dressing room, wringing his hands in distress, so great was the effect of the music upon him. It is pretty clear who the "hero" of the symphony is! Later, he superstitiously erased the third hammer-blow from the score, but without effect. Within a short time, he found himself facing a vigorous press campaign to remove him from the State Opera, his eldest daughter developed "scarlet fever and diphtheria" and died, and Mahler, who had loved her dearly, collapsed with a heart attack a few days later. His doctor diagnosed a "double-sided congenital, though compensated, valve defect" and ordered complete rest.

Mahler relinquished his post in Vienna, and accepted a favourable contract to conduct in New York for part of the year, giving him plenty of time to compose and promote his own works in Europe. He made few concessions to his illness, but continued to lead a vigorous life, despite crippling episodes of angina. Neverthelss, the music now composed showed him to be reconciling himself to the inevitable. The final movement of the song-cycle symphony "The Song of the Earth" is ostensibly a leave-taking of friends, but the profound sadness could be taken for Mahler's own farewell. He supplemented the final lines with a stanza of his own:

> I journey to my homeland, to my resting place.
> My heart is quiet, waiting for its hour.
> Everywhere the dear earth
> Blossoms in Springtime and blooms again!
> Everywhere and evermore the blue distance beckons,
> Always . . . Always . . .

Beauty and life continue after one is gone, and the calm music has finally faded in the distance.

The last movement of the 10th symphony is punctuated by strokes on a muffled drum, a memory of a funeral cortège of a fireman that had passed Mahler's New York apartment and brought tears to his eyes. He scribbled to his wife in the margin of the score "Only you, dear, knows what it means!" and further on, the words "My God, why has thou forsaken me?" appear. However, the final pages of this, and the preceding symphony, are serene; the ogre which loomed so large in the sixth is accepted finally with quiet acquiescence and dignity.

Mahler had a brief interview at a time of marital stress in 1910, with Sigmund Freud, the father of psychoanalysis. Although the diagnosis of a mother fixation complex was not accepted by Mahler,

MEDICAL LEASE PLAN

A FLEXIBLE, MODERN EQUIPMENT LEASING SERVICE DESIGNED EXCLUSIVELY FOR THE DENTAL, MEDICAL AND VETERINARY PROFESSIONS. KEEP YOUR PRACTICE AT PEAK EFFICIENCY WITH MODERN LEASED EQUIPMENT FOR YOUR SURGERY, OFFICE, RECEPTION AND WAITING ROOMS.

no capital outlay — tax benefits
all risks insurance — life insurance
sickness and accident cover — trade-in benefits

GHG

MEDENTA SERVICES LIMITED

111 Gloucester Place, LONDON W1H 3PH Tel.01-487 2536

Please send me your 'Questions and Answers' brochure

name .....

address .....

.....

Freud later wrote: "I had plenty of opportunity to admire the capability for psychological understanding of this man of genius. No light fell at the time on the symptomatic facade of his obsessional neurosis. It was as if you would dig a single shaft through a mysterious building".

One is curious to see how much light Ken Russell will be able to cast on this fascinating, complex personality. But I suspect his music will remain the best source of information.

Howard A. Sowerby.

B.M.S.A. AND N.A.H.S. AND N.U.S.

B.M.S.A.

The 23rd Annual General Meeting of the British Medical Students' Association was held in Dundee, at the end of March. At this meeting 26 of the 32 Medical Schools in the British Isles were represented.

Although to many student B.M.S.A. just means a free diary, in the background work goes on in Medical Schools throughout the country. The Association received financial support from B.M.A. in the form of a fully-equipped office and permanent secretarial and administrative staff. Each Medical Student automatically becomes a member on entering his Medical School, at a fee of 15p per capita, paid by the School. B.M.S.A. provided national representation for medical students and was involved in grants campaigning and education reviews. It provided financial support for students going abroad on clerkships by means of B.M.S.T. (British Medical School Trust) and helped to arrange their foreign exchanges. By way of a monthly broadsheet and handbook publications it provided information and communication for medical students.

During the past few years members of B.M.S.A. have been increasingly interested and concerned with the concepts of the Health Team and more recently the Health Students. It was with this matter that the last Annual General Meeting was concerned.

A motion was put forward by the Executive and passed dissolving B.M.S.A. in favour of a Health Student Movement (National Association of Health Students).

Medical Students and National Union of Stuents

Until about 18 months ago, the N.U.S. did little for its Health Students. In February, 1973, in co-operation with the Student Professional Organisation, it called the first National Health Students Conference, at which the N.A.H.S. was formed.

The N.U.S. has worked closely with the N.A.H.S. since its creation. It has provided much of the administrative and financial support. By summer 1973, it became apparent that a separate Health Students Section of N.U.S. was needed and the National Co-ordinating Committee (N.C.C.) of N.A.H.S. helped the N.U.S. Executive to devise a suitable structure that would meet the needs of health students.

On the 6th and 7th April, at the Middlesex Hospital the Third National Conference of the N.A.H.S. was held. A motion was put

forward by the N.C.C. that the N.A.H.S. amalgamate with N.U.S. (Health Students) from the closure of the conference. This was carried with the proviso of withdrawal after six months if Health Students wish.

Aims of N.U.S. (Health Students):—

The aims of Health Students within the N.U.S. are :—

1. To protect the interests of the patient.
2. To promote co-ordination between all spheres of students within the Health Service.
3. To provide national representation for Health Students as a body and to be especially concerned with
   (a) grants
   (b) integration of education
4. To promote the formation of local branches such that all students benefit both at a national and local level.

Reasons for Change

Before the N.A.H.S. came into existence some groups of Health Students were already "represented" either by the N.U.S. or their own Student Professional Organisations, e.g. the National Association of Physiotherapy Students (N.A.P.S.) for Physiotherapists and B.M.S.A. for Medical Students—and the majority were not represented at all.

1. B.M.S.A. had become static.
2. There was a lack of co-ordination between separate groups of Health Students.
3. B.M.A. would have drastically reduced financial backing of B.M.S.A. and withdrawn support in the form of office facilities and secretarial staff.

Advantages of Change

1. There will be in existence a body whose first concern is the welfare of the patient and second its own interest.
2. There will be complete integration as never before between all students within the Health Service.
3. All groups will gain support financially and otherwise from the central body (N.U.S.).
4. Minority groups of students will have representation at a national level.

Situation at Guy's Hospital

At present there is no local branch of Health Students at Guy's and with the dissolution of B.M.S.A., the medical students have no national representation. Guy's students are not members of N.U.S. There is also very little co-ordination either with respect to education or socially between different groups of students training at Guy's. A local branch of Health Students could rectify this situation. All Health Students at Guy's can become members, either on block as a branch or individually, of N.U.S. (Health Students). This would not only give medical students at Guy's but all students at Guy's an equal say.

J.M.B.

NURSING

Paying to Eat

Very recently, the British Public awoke to discover in the morning newspapers, that the nurses of this country for whom they have such respect, are having to indulge in the most dubious occupations, in order to obtain sufficient means whereby to purchase the food that is essential in order to maintain life.

The instigator of this hypothesis was the redoubtable Willy Hamilton, who, interestingly enough, has a daughter who trained as a nurse, and was presumably able to furnish him with inside information!

If we are to believe the journalists, it is from medical students that the nurses obtain their funds. This provokes one to wonder why they have now started to charge for a service which they have always provided free, and secondly to imagine that they have had the fortune to discover students who have sufficient money to keep two people. "Oh that one was young again!"

However, frivolities apart, the news does give rise to more serious thoughts. How does a nurse who earns £699 a year manage to eat properly? The answer is that in most cases she does not. Since a system of paying for food was introduced, student nurses have found it impossible to afford adequate meals. As a result, the sickness rate in many hospitals has increased rapidly. One has only to stand in the queue at a mealtime to observe the poor nutritional value of many of the meals eaten. Ironically too, they on their meagre salary, are paying exactly the same amount as the more senior nursing staff, who earn considerably more, and also the lay administrators who earn more than any of them.

It is a firm conviction among many trained nurses, that the students should receive their meals free at the expense of those earning a much higher salary. Most trained nurses can afford to pay a reasonable amount for their food, particularly when one considers that the midday meal in hospital, is their main one for the day. At present it is possible for around 20p, to have a generous helping of roast meat and vegetables, followed by cheese or fruit. The same meal in a restaurant would cost nearer £2.00. If one is earning over £2,000 per annum, this small amount is far less than one can afford. If however, one is a first year student, the prospect is somewhat different.

If the politicians are insistent on the system of paying for meals they should adopt one of two methods. Either they should revert to free food for students, and increase the amount for others, or, pay salaries which are compatible with life today.

The health service is dependent on student labour for its very existence. If however it refuses to feed this work force, it can only be expected that it will cease to function, due literally to malnutrition.

Doubts and Difficulties arise in any career

but
membership of the Society offers Doctors and Dentists protection of professional interests by a Council and Secretariat with wide experience in hospitals, general practice, medical law and administration. In the event of litigation the Society defends its members in their own best interests, and pays unlimited costs and damages when necessary.

STUDENTS

should apply now to ensure full protection on registration, with the bonus of reduced and deferred subscription terms.

Medical Protection Society

50 Hallam Street, London W1 Telephone: 01-580 9241
30 Park Square, Leeds 1 Telephone: 0532 42115
195 Newport Road, Cardiff Telephone: 0222 43852

Secretary: Dr. J. Leahy Taylor, MB, BS, DMJ, MRCGP

CORRESPONDENCE

R.F.C. Censorship

SIR,—Noting the correspondence in the *Gazette* about R.F.C. activities, censorship and the like, perhaps I could ask the following question through the courtesy of your columns.

Why do I, and others who follow the fames and fortunes of our illustrious Hospital Rugby Team, fail to find the results in some of the more reputable Sunday papers? Is it that perhaps these papers also censor Guy's results, or is there some lack of communication between accusing parties, as is often the case in these modern times. I believe there was a certain amount of friction between one well-known paper and the Club some few years ago.

The time for recommunication is nigh; for we are fed up with looking through so many papers, and not finding the results.

Yours faithfully,

IAN PERRY.

19 Cliveden Place,
London, SW1W 8HD.

SIR,—I am writing as a current student member involved in the running of the Hospital Rugby Football Club, with reference to the recent letter from Dr. Burry and the editorial reply which it invoked. The letter in question, when written, was partly a response to the Passim in the then current *Gazette*. However, the object of the letter, as anyone re-reading it will agree, was certainly not primarily a criticism of the current editor, but to advertise the setting up of the Guy's Hospital Rugby Football Supporters' Club. This has been founded partly to help older members to keep in touch, and partly, we hope, to assist with the financing of the student Rugby Club. It is possible, should the scheme be a success, that, in later years, the club could become partially self-sufficient, thus, let it be emphasised, possibly helping to lift some of the supposedly "unfair" burden from the Clubs' Union finances, which, after all, was the basis of the criticism implied in the editorial. The running of the Supporters' Club involves a lot of hard work and organisation, and Dr. Burry, by showing the interest to set it up and taking the considerable trouble involved to run it, deserves every support.

Regarding the "unjust" criticism of the editor, it will be a sorry day when we must regard the Press as sacrosanct. A Passim reflects the personal opinion of the author, and, because of the influence it exerts, it is only fair to point this out, as Dr. Burry did. I would ask, however, why the letter was not published when received when particularly relevant, but four months later. I would add that as regards my rugby dealings with the use of *Gazette* facilities, I have had complete satisfaction.

In conclusion, I would like to emphasise that Dr. Burry is merely a very enthusiastic supporter of the club, to whom we are indebted for valuable advice and experience, typical of his support being this particular venture, which could possibly, eventually benefit the whole of the student body.

Yours faithfully,

ALASTAIR COOK.

East Wing, Guy's Hospital.

SIR,—As a senior member of the Guy's Hospital R.F.C. involved in running the club, I should like to comment on the letters published in the *Gazette* of 16th March. I feel it was both incongruous and inconsequential to head the letter from Dr. Burry about the R.F.C. Supporters' Club with comments which would obviously have better suited the Editor's reply. In addi-

tion, both Dr. Burry and Dr. Davies may be forgiven in thinking that a letter written well before Christmas and having not been published by March, had either been suppressed or perhaps mislaid. This delay changed a plea for support from early in the season to a time when only a few fixtures were left, and so diminished the value of the letter.

An explanation of this delay would clearly help to resolve this misunderstanding.

Yours faithfully,

S. J. CHALLACOMBE.

Guy's Hospital,
London Bridge, S.E.1.

SIR,—Thank you for printing in your latest issue my letter of 3rd December, 1973, albeit under a somewhat offensive heading. It was also disappointing that it should finally emerge from the editor's files some weeks after the club reunion which it was intended to advertise, had taken place, and then only after considerable prodding.

It is hard to envisage that a passing reference to the editor's antagonism to the rugby club, which he has never attempted to conceal at meetings or in this magazine, should have caused him such embarrassment that he would choose to hide the offending document from the public eye, even at the expense of prejudicing the prospects of success of an organisation dedicated to providing finance and support to a students' club.

It is this over-riding of the best interests of the student clubs by the editor's personal and political motives that necessitates an assurance that censorship of this kind will not continue.

Yours faithfully,

HUGH BURRY.

Department of Rheumatology,
Guy's Hospital,
London, SE1 9RT.

SPORT

Sports Commentary

April is really the time of year when clubs are either reviewing the glories and disasters of the season or are speculating what fortune the summer months might bring. However, the Hockey Club, although theoretically in the first category, were working hard over Easter: the "A" team at Folkestone and the "B" team at Torbay. Resultwise, there is some room for improvement, yet socially few teams can claim to be better. Still on Hockey, there was the disaster against London Hospital in the U.H. Cup on the last Sunday in March. Guy's lost 2—3, and simply the better side on the day won—and anybody who saw the game would agree that London's third goal was the sort of goal which wins matches. The Rugby Junior Cup side went down to St. Bartholomew's in the semi-final after a hard fight. Thanks to the Rugby Club for the wealth of reports appearing in this section. The Boat Club undertake the Oxford—London on Saturday, 28th April—all good luck to them in their efforts to break the 15¼ hour deadline. Apparently some people have misjudged the Croquet Club, yet how many knew of its existence, and of its headquarters near Aldershot? Finally, congratulations to all those awarded Blues for their exertions last summer.

Coming soon . . . . . .

Hospitals' Cup — Squash — Semi-Final vs. St. Thomas's, at Guy's (still).
U.H. Bumps — Boat Club — 5th-7th May, at Chiswick.
Summer Season — Golf Society — 20th May, at Walton Heath Golf Club. University of London team championship, which Guy's hold. Tee off 9.00 a.m.

Cricket :	4th May	Templesheen Wanderers	2.00 p.m. Home
	5th May	London Hospital	11.30 a.m. Home
	11th May	Carnegie	2.00 p.m. Home
	12th May	Ashtead	2.30 p.m. Home
	15th May	Stoics	2.00 p.m. Home
	18th May	H.A.C.	2.00 p.m. Away
	19th May	Reigate	2.00 p.m. Away
	25th May	Dover	2.00 p.m. Away
	26th May	Dragonflies	11.30 a.m. Home
	29th May	Incogniti	2.00 p.m. Home

The following Blues were awarded at the last meeting of the Blues Committee:—

CRICKET	J. Rees	Full Blue
	J. Wright	Full Blue
	A. Davies	Half Blue
	R. Fitton	Half Blue
	R. Jones	Half Blue
GOLF CLUB	E. Bray	Full Blue
	C. Mackenzie	Full Blue
	C. Grant	Half Blue
	L. Lulliford	Half Blue
SAILING CLUB	P. Lacey	Full Blue
	D. Greaves	Half Blue
	R. Ingham	Half Blue
	R. Perkins	Half Blue
	W. Sudell	Half Blue
TENNIS	K. N. Bullock	Half Blue
	C. Mackenzie	Half Blue

Recommendations for Blues for Winter Sports should reach me by 2nd May.

I. Mackenzie,
Secretary of the Blues Committee.

The Hospitals' Cup Semi-Final

Won: Guy's 16 St. Bartholomew's 11.

In the first 20 minutes of this semi-final at Richmond, Guy's played as if they believed that the luck, which held them through the final stages of the quarter-final against St. Mary's, was enough to win the Cup alone, without any additional effort. Possession was very scarce, and the little won was wasted with elementary handling errors. After half-an-hour, it was no surprise that Guy's should be trailing by two tries to nothing—one resulting from a scissors in the centre, the other from a blind-side move, having conceded a 5-yard scrum. It was fortunate indeed that the Bart's place kicker was off target, and that the Guy's kicking machine, Richard Fitton, was still in the immaculate form that he showed against St. Mary's in the previous round. The Guy's side were lucky to turn round at half-time with only a two point deficit.

In the second half the team played infinitely better in every phase of the game. With the wind at their backs, they exerted continuous pressure and were rewarded with two further fine penalty goals by Fitton. However, play was still disjointed and the handling by the backs generally poor—only a fine break by Fitton, stopped just short of the line, enabling Cook to creep over for an unconverted try, adding a touch of respectability to the score. Bart's drew to within five points with a penalty goal, but by then the result seemed sure.

A deserved win, but not a memorable game by any means.

Team:—

Danford (Capt.); Portelly, Fitton, Cook, Harker, Owen, Phillips, Burlinson, Cording, Stuart, Stoneham, Hagan, Thorburn, Brazier, Hughes.

The Final

Lost: Guy's 6 Westminster Hospital 7.

This was truly a match to remember. Guy's started as absolute underdogs. Before the game the national press had condemned the team as mediocre, capable of playing only dull, unimaginative rugby. The result was apparently a foregone conclusion. The Westminster, fielding such stars as Hughes, a current full Welsh international centre; Barry, an Irish trialist hooker for many years; Phillips, the former Welsh "B" fly-half; and Rutter, the English trialist centre, were described as not only exciting and skilful, but probably the best Hospitals' side since before the War. A defeat of at least 30 points was inevitable.

On the day, the game was a different story. The style of play was set early on. The Westminster ran all their possession along the $\frac{3}{4}$ line, using switch moves around the blind side, and forays by the full-back into the line, to create the overlap. To try and better their strength in the centre would have been a negative tactic, and the obvious plan was to play 10-man rugby —destroying their moves and building from the loose. The whole side tackled superbly. The back row trio of Thorburn, Hagan and Hughes set up much loose ball, which was well rucked, and kicked for good position by Phillips and Owen, the latter being forced to start the game with a partially injured ankle. It is perhaps unfair to pick out individuals, everyone played well. Guy's marginally won the line outs, where the veteran Stuart was ever prominent. It was perhaps in the tight that the game was ultimately lost, where we conceded nine strikes against the head to a very powerful front row.

The first 20 minutes were very even. Then, having missed a long, earlier attempt, Guy's took the lead with a well struck penalty goal by Fitton. Had Danford the speed, this lead might well have been increased following his

Part of the Guy's Pack during the Final.

fine interception at a moment of danger. On the other hand, the class of Phillips threatened to break through on several occasions, and the Westminster were next to strike, levelling the score with a similar penalty goal. The defence held firm against severe pressure by virtue of good, low, first-time tackling, and the half ended with Thorburn, carrying on from a fine burst by Hughes, being held up only inches short of the line.

The second half was a superbly terse, hard struggle. Again the Guy's defence was text-book, one superb chase and tackle by Portelly on Hughes, following an interception, being especially memorable. Then with 15 minutes to go, the deadlock was broken, Owen, with very little room to manoeuvre, dropping a fine, angled goal from 30 yards. It seemed as though Guy's had done it against all the odds, especially so when, minutes later, the opposition full-back missed a gift of a penalty goal directly in front of our posts. However, with minutes to go, and Westminster banners burning in anticipation of defeat, the defence was finally penetrated. A heel against the head was moved fully down the line to the wing, who passed inside to the centre, the same full-back atoning by crashing through on the burst to score an unconverted try. The result was still in dispute in the dying moments as Fitton went close with an ambitious attempt from 60 yards. However, it was not to be.

To be fair, the Westminster played too well to be beaten, and it is perhaps biased to be satisfied in defeat. Whatever, full marks to the Guy's team for a truly, gutsy display, contributing to one of the most exciting finals for many years.

Our thanks to the Hospital for their support, and to "General" Earnshaw for controlling the troops.

Team:—

Danford (Capt.); Portelly, Fitton, Yetton, Harker, Owen, Phillips, Burlinson, Cording, Stuart, Fitzgerald-Fraser, Stoneham, Hagan, Hughes, Thorburn.

Guy's 1st XV vs. Guildford and Godalming

Lost: 10—12

The victory over St. Mary's was not without its cost. For this match, the first ever meeting between the two sides, only two days after the Cup match, Guy's were without six regular players, all temporarily out of action. They thus took the field with a somewhat depleted team and not surprisingly took some time to settle down. After some enthusiastic attacking from Guildford, Guy's forced Guildford back into their own half, and a fine tackle on the full-back as he was about to kick for touch by Brazier, left the ball free for Hagan to pick up and score in the corner. The try was excellently converted by Fitton. Soon after, Guy's had the misfortune to loose Cording, the hooker, with a mysterious ailment, which was in no way connected with the fact that the opposing hooker was an Old Guy's player of recent season—Grahame Hey. Guy's played the remainder of the match with fourteen men, with Brazier coming in to hook, and playing as if it were his natural position. At half-time the score was 6—0 in Guy's favour.

During the second half the seven in the Guy's pack held and pushed the Guildford eight, and looked likely to increase the score. However, Guildford it was who took the lead by 12—6 in a relatively short period of play, the scores coming from two successful penalty attempts following scrummaging errors, and a remarkable converted try. The latter came from a line-out on the Guy's line. This we won convincingly, until a veteran member attempted to clear to the opposite touch—a kick of which Barry John would have been most proud, and much to the gratitude of the opposing winger. Guy's then began to play as they should, and moved the ball about the field more professionally, and were ultimately rewarded with a fine unconverted try by Harker, following a break by Fitton. No time was left, however, to make up the leeway, and the side depleted as they were, were somewhat unlucky to lose. Mention must be made of Phillips at scrum-half, who played exceedingly well, and of Stoneham, who played excellently against his old club, particularly in the loose.

Team:—

Broughton; Coe, MacLaughlan, Fitton, Harker, Moore, Phillips, Stuart, Cording, Challacombe (Capt.), Fitzgerald-Fraser, Stoneham, Hagan, Brazier, Allen.

A.C.

Guy's 1st XV vs. Exeter

Lost: 16—27

Throughout most of the game Guy's were denied clear possession by a typically down South-west pack, and thus were continually on the defensive. However, stern tackling managed to keep the result in balance until the closing stages. Guy's were kept in range by the statutory four penalty goals from the ever reliable Fitton, and with three-quarters of the game gone drew to 16—18 through a fine opportunist try by A. Portelly, who narrowly won the chase to touchdown following a kick through the centre after a handling error by the opposition. The result was, however, decided by needless lack of respect for an equally capable kicker, and high tackling following a scissors movement and crash ball. In conclusion it was a disappointing result, one Guy's were certainly capable of winning.

Team:—

Danford (Capt.); A. Portelly, Fitton, Cook, Harker, Moore, Phillips, Allen, Cording, Stuart, Fitzgerald-Fraser, Hagan, Hughes, Rooke, M. Portelly.

A.C.

Guy's 1st XV vs. Gloucester

Lost: 3—29

This is one of the strongest games in the Guy's fixture list. It is especially daunting as Gloucester are traditionally a very physical side, their success lying in a particularly hard, seasoned pack—a department of the game where Guy's, as students, are often forced, by sheer size and weight, to concede to the major first class clubs. Thus, strenghtened by the return of the veteran Burt, it was very surprising to see Guy's trying to take Gloucester on at their own physical game, and, moreover, succeeding, at least in the first half. For the first half of the game, admittedly with the strong wind, Guy's won their own ball comfortably, contested that of the opposition, won the majority of the loose mauls, and were somewhat unlucky to be only drawing 3—3, one penalty goal apiece, at half-time—Fitton lacking his usual accuracy. Much of the motivation must be ascribed to Stuart, who, when in the mood, has the strength and physique to take on the best, and, on this occasion, seemed determined to do so with a vengeance.

The second half was spoiled by a weak referee, who allowed much too much unnecessary physical contact, to mar an otherwise attractive game. Eventually Guy's somewhat unsettled, succumbed to a by now well-oiled Gloucester machine, including a prodigious goal-kicker, who kicked five penalty goals and one conversion.

Team:—

Danford (Capt.); A. Portelly, Fitton, Yetton, Harker, Moore, Phillips, Burlinson, Howell, Allen, Burt, Stuart, Brazier, Hagan, M. Portelly.

A.C.

Guy's Hospital vs. Cambridge City

Won: 14—7

After the dust had settled following the encounter with Gloucester it was discovered that only three of the pack remained fit for further battle, whilst all of the backs were ready and able! Undaunted, Guy's brought back several veterans from pasture, and places in the front two rows were amply filled by Challacombe, Howell and Rigg.

As has become customary, Guy's took some time to shake off the lethargy generated by the coach trip and were only stimulated by the sound of the ball crashing against the upright before going over the bar. On rubbing the eyes, this was seen to have come from a Guy's player, one R. Fitton and not Cambridge. Suitably awakened, Cook celebrated his return to the team by finishing off a good handling movement, and Phillips emulated him soon after to keep up his record of scoring in each half of the season.

Mention must be made of M. Portelly who was introduced to the art of front row play, and C. Howell, who mesmerised by the flashing foot of his loose head prop left the hooking to him and concentrated on the loose play with great effect.

Team:—

Danford (Capt.); A. Portelly, R. Fitton, A. Cook, J. Harker, R. Moore, M. Phillips, S. Challacombe, C. Howell, M. Portelly, K. Rigg, J. Rooke, B. Hagan, J. Brazier, J. Arwyn-Jones.

A.C.

Guy's vs. Old Whitgiftians

Won: 26—12

Guy's approached this match with obvious enthusiasm, partly because it was the last match of the season, but also because it was a beautiful day and the pitch was in perfect condition. A useful crowd basking in the sun saw Guy's not only win fourteen against the head, but also run out comfortable winners by 26 points to 12.

The match was in fact closer than the score suggests, particularly in the first half when obvious ploys such as quick shortened line-outs caught Guy's

napping, and gave the visitors two penalties. By this time Guy's had already scored seven points from a drop goal by Cook (left-footed) and a try by Fitton. A further try by Hagan left the half-time score 11—6 to Guy's. After the interva,l Harker, playing at full-back, in his 32nd appearance for Guy's this season, scored a magnificent try by chipping over the full-back at top speed and racing past to catch the ball on the bounce and touch down in the corner. Fitton added the points and a penalty. Guy's final score came from Howell after some good inter-passing with Hagan and demonstrated the value of backing up. The other opposition scores were from a penalty and a drop goal.

Thus Guy's closed the XV-a-side season with a good win, having been successful in 13 of the 32 games played. A full summary of the season will follow.

Team:—

Harker, Portelly, Cook, Fitton, Coe, Jones (Capt.), Danford, Challacombe, Howell, Burlinson, Rigg, Stoneham, Portelly, Hagan, Brazier.

A.C.

Guy's 1st XV vs. Rugby

Lost: 14—30

Although Guy's lost this game by the seemingly heavy margin of 16 points, it should be pointed out that Rugby came as a team very much in form, having beaten no less than Coventry the previous week.

The game itself was a fine example of adventurous open rugby. In perfect conditions, no less than eight tries were scored. Although always behind, Guy's were in contention until the end, and, indeed, were the first side to score more than two tries against Rugby this season, through Howell, Allen and Hagan, Phillips adding one conversion.

Team:—

Harker; A. Portelly, Yetton, Cook, Lewis, Danford (Capt.), Phillips, Burlinson, Howell, Allen, Stoneham, Rigg, Brazier, M. Portelly, Hagan.

A.C.

HOSPITAL INFORMATION

Applications are invited for the following appointments in the Guy's Group of Hospitals. The posts are renewable and the present holders are eligible for re-appointment.

Application forms are obtainable from and should be returned to, the Superintendent, Guy's Hospital, London SE1 9RT, not later than **13th May, 1974.**

Registrar in Dermatology (2)
Registrar in Diagnostic Radiology (2)
Trainee Registrar in Diagnostic Radiology (1)
Registrar in Ear, Nose and Throat Surgery (2)
Registrar in Medicine (9)
Junior Registrar in Medicine (5)
Registrar in Obstetrics and Gynaecology (1)
Junior Registrar in Ophthalmology (1)
Registrar in Orthopaedics (2)
Registrar in Orthopaedics and Casualty (1)
Registrar in Psychological Medicine (3)
Registrar in Psychological Medicine at St. Olave's (1)
Registrar in Radiotherapy (1)
Registrar in Rheumatology (2)
Registrar in Surgery, including 3 Senior Registrars and 3 Middle Grade Registrars to work at Guy's and St. Olave's and to rotate with Regional Hospitals.
Junior Registrar in Surgery (4)
Registrar in Thoracic Surgery (1)
Registrar in Anaesthetics—Brighton and Lewes Group.
Registrar in Paediatrics—Brighton and Lewes Group.
Registrar in Psychiatry—Bexley Hospital.
Registrar in Anaesthetics including St. Olave's and New Cross (5) (2)
Junior Registrar in Cardiology (1)
Registrar in Child Psychiatry (1)
Registrar in Clinical Pathology (4)
Junior Registrar in Clinical Pathology plus St. Olave (2) (2)

CHANGES OF ADDRESS

Miss E. M. Allen, 181 Rathgar Road, Dublin.

Flt.-Lt. C. A. Brooks, c/o Families Dental Clinic, Limassol, BFPO 53.

Mr. and Mrs. G. Clifford Gould, 27 Ravens Road, Shoreham-by-Sean, Sussex. Telephone: Shoreham 5065.

Christopher J. T. Howell, L.D.S., 19, Chilthorne Close, Ravensbourne Park Crescent, Catford, London S.E.6.

George and Marion Skuse, 3 Oakcroft Road, Blackheath, London SE13 7EP. Telephone: 852-5505.

BIRTHS

BROOKS—Colin and Heather announce the arrival of Julia Susanne on 17th March, 1974; a sister to Graham, Steven and Nicola.

DEBENHAM—On 6th March, 1974, to Clive and Penelope (nèe Nunn) a daughter, Katharine Sara, a sister for James.

FAULKNER—To Sue and Michael, a daughter, Katy Elizabeth.

NEWMAN—To Chris and Cynthia on 13th February, 1974, a son, Jeremy Russell, a brother for Timothy and Jonathan.

PAGLIERO—On 15th March, in University Hospital, Birmingham, Alabama, U.S.A., to Anne (nèe Saunders) and Michael, a son, Henry Jefferson. A brother for David, Helen and George.

PERSONAL

ASSISTANT/ASSOCIATE required in busy multiple practice in town centre, Margate. Low-seated with complete clinical freedom, laboratory on premises, pleasant surgery with own chairside assistant and fully experienced staff, full book assured. For further details or appointment to view, please telephone 0843-21771.

SOUTH EASTERN COASTAL TOWN. Detached centrally heated four-bedroomed house with small part-time private dental practice, at present no N.H.S. Tremendous scope for expansion, if desired. Well equipped modern surgery. Secluded garden, in good class residential district, fifty yards from main shopping centre. Owner retiring. £23,000 inclusive. Box. No. 4/6.

WANTED: Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Phone: Farnborough (Kent) 58530 evenings; 01-407 7600 Ext. 357 daytime.

PAPER BY GUY'S MAN

Boger, J. R. F. "Dying of the Young" *Hospital and Health Care and Administration* 1973, **3**, 6, 14.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (*minimum* £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS C. E. HANDLER, P. TILLMAN

SPORTS CORRESPONDENT A. M. KINGON

NURSING CORRESPONDENT Miss P. M. JEFFERIES

PHOTOGRAPHER S. J. TWIGGS

MONTHLY TWELVE PENCE VOLUME 88 NUMBER 2234

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

MILITANCY AMONGST THE NURSES

Unrest amongst all members of the nursing profession has increased during recent weeks, with somewhat alarming speed. Although there has for some time been a noticeable undercurrent, this has now altered, and taken on the proportions of a tidal wave.

The reorganisation of the Health Service, which has followed immediately upon the implementation of the Salmon Report, has served to cause a very unsettled state in the profession. Most members who have any interest at all in the welfare of the patients, feel that these were purely political manoeuvres. In addition, the Government has recently increased food prices, and has not yet paid the corresponding salary rise. The story currently being circulated, is that owing to "trouble with the computer" it is unlikely to be forthcoming for some time!

Finally, the review of the pay structure, which was requested two years ago, has not yet materialised, and the Briggs Report has suffered the same fate, although it is now accepted in principle.

One can see then that the situation is ripe for dissent, and if even the Royal College of Nursing is talking of industrial action, then the cauldron must have already boiled over.

Unfortunately, nurses as a group, are apathetic and inarticulate, and have allowed themselves for too long, to be downtrodden. Politicians, with the possible exception of Willy Hamilton, whose daughter is a nurse—and who is now championing the cause—have

little, if any, idea of the conditions in hospitals. Most members of government ensure, that when they require medical treatment, it is acquired privately, and this includes the socialist representatives also. So much for equality!

Nurses are now fully aroused, and having watched the miners wreck the economy of the nation, in pursuit of more money each week, than the average nurse receives in a month, there will be no relenting until the politicians have been relieved of all their mistaken illusions about vocations. It is a very good way in which to attempt to evade responsibility, but will serve no longer.

Unfortunately, the cause is not helped, when members of the medical profession take the same attitude as the parliamentarians, and discuss the subject in a similar vein. Some it appears even consider nursing to be a religion, and have said as much.

Nursing is a career, albeit a somewhat strange one in the eyes of many members of the community whose only interests are in material gain. They of course desire to have everything that is possible at a discount. Trite comments about job satisfaction and the joy of seeing people get well have lost their appeal now, since nurses like the rest of the population have to pay the rent and rates. The more unpleasant aspects of the work are never mentioned, and there is little satisfaction in watching a person die, and dealing with him and his family afterwards. The training is arduous and the work strenuous both mentally and physically. Student nurses undertake far more responsibility than their peers at university for virtually no acknowledgement. Staff shortages are now at a critical level, and lives are being endangered. If the public are not to be left to care for themselves when they are ill, radical change must be effected very soon, despite the reluctance of the so-called leaders of this country.

P.M.J.

GUY'S DIARY

JUNE

4	Tu	1.00	Clinical Lecture. Mr. BLACKBURN "The Hazards of Biopsy".
7	Fr	1.00	Clinical Lecture. Dr. HOARE "The EMI Scanner".
10	M	1.00	Clinical Lecture. Dr. OGG "Hypercalcaemia".
11	Tu	1.00	Clinical Lecture. Mr. ELLIS
14	Fr	1.00	Clinical Lecture. Professor KEEN "Mechanisms in the Complications of Diabetes".
17	M	1.00	Clinical Lecture. Mr. MORRIS
18	Tu	1.00	Clinical Lecture. Dr. ELLIN LIEBERMAN, M.D., Associate Professor of University of S. California. "Hypertension in Childhood".
20	Th	1.00	Clinical Lecture. Mr. GLOVER

NEWS IN BRIEF

Consultant Appointments

We should like to extend our congratulations to Dr. Maureen Van Ryssen on her appointment as Consultant Anaesthetist at Worthing Hospital, and to Mrs. H. I. B. Phillips on her appointment as Consultant Prosthetic Dentist at The Royal Dental Hospital.

The Westminster International Seminar

There will be an International Seminar given by the British Council for the Rehabilitation of the Disabled between 1st and 5th July. Details and application forms may be obtained from REHAB, Tavistock Square.

Notes for New Graduates

The booklet "Notes for New Graduates" published each year by the B.M.A. is now available, free of charge from the B.M.A., Tavistock Square.

Nursing Scholarship

We should like to congratulate Miss Mary Duffield, a Guy's nurse, on winning a scholarship for a Diploma in Nursing which has been presented by the Hospital Saving Association. Miss Duffield received her award from Lord Cottesloe on 17th April, at the Royal Festival Hall.

New Chairman

Sir Kenneth Younger, K.B.E., P.C., has accepted the offer from the Secretary of State for Social Services of the appointment of Chairman to the Lambeth, Southwark and Lewisham Area Health Authority. This appointment took effect on 1st April, 1974.

New Record for Boat Club

A Guy's Hospital Boat Club crew established a new national record for the Oxford to London course. This marathon took place on Sunday, 28th April, and we should like to congratulate the crew on this notable achievement. A report of the marathon appears on page 159.

Union General Meeting

There will be a U.G.M. on Tuesday, 28th May, at 1.00 p.m. in the Anatomy Theatre. All students are urged to attend.

Are your patients suffering sensitivity in silence?

As you know, hypersensitivity can be painful but it needn't be serious. The trouble is that patients who suffer from sensitive teeth often shy away from painful treatment, choosing to endure their discomfort in silence.

But there is a way that patients can tell you without their having to say a word. Simply give their teeth an all-round squirt from your 3 in 1 Air Syringe. If the patient over-reacts then recommend regular brushing with Sensodyne, the medicated toothpaste that brings relief *from the painful symptoms of hypersensitivity.*

***Leading dental authorities recognise* Sensodyne's superiority.**

Sensodyne contains strontium chloride which builds up a really effective protection. This unique fomulation has been proved *time* after time to be one of the best treatments for hypersensitivity. Whether it be caused by *periodontitis, surgical exposure, clamp* abrasion or any other dental condition.

90% of patients find Sensodyne helps reduce the level of sensitivity and 67% gain *complete relief* (1-9). *Sensodyne starts to* work with the first brushing. And the longer it's used the greater the cumulative protection *it provides.*

Sensodyne gives superior plaque control too.

But Sensodyne is not only good for hypersensitivity. With a proper brushing *technique it is one of the best ways of* removing harmful plaque.

In tests, independent investigators found Sensodyne's enamel polishing properties *three times higher than other commercially* available desensitizing dentifrice (11). Sensodyne is completely safe for continued use, and can be recommended with *confidence as a replacement for ordinary* toothpaste.

The Sensodyne Softex Toothbrush.

As you know, to complete the treatment for *hypersensitivity it is vital that patients use a* toothbrush that will not aggravate the condition.

The Softex brush has slender, resilient, *nylon filaments, which are rounded at the tip* to prevent abrasion or injury to the gums. The brush head is short, narrow and rounded, which *makes it easier to clean and brush all parts of* the teeth without damaging sensitive areas.

So when you recommend Sensodyne, remember the Softex brush. Together they *provide the complete home treatment for* hypersensitivity (12).

References

1. H. Zelman and C. E. Hillyer, "Treatment of Dental Hypersensitivity with a Strontium Chloride Dentifrice in a General Dental Practice," New York J. Dent., 33:259, 1963.

2. B. Blitzer, "A Consideration of the Possible Causes of Dental Hypersensitivity: Treatment by a Strontium-ion Dentifrice," Periodont. 5:318, 1967.

3. M. R. A. deRabbione and J. Monteverde, "Action of a Dentifrice Containing Strontium Chloride as an Active Drug for the Treatment of Dental Hyperesthesia," El Cooperador Dental (Argentina) No. 186-187, Nov-Dec 1964.

4. R. M. Meffert and S. W. Hoskins, "Effect of a Strontium Chloride Dentifrice in Relieving Dental Hypersensitivity," J. Periodont, 35:232, 1964.

5. H. Skurnik, "Control of Dental Hypersensitivity: Preliminary Report on a Strontium-containing Dentifrice," J. Periodont, 34:183, 1963.

6. A. Cohen, "Preliminary Study of the Effects of a Strontium Chloride Dentifrice for the Control of Hypersensitive Teeth," Oral Sur., Oral Med., & Oral Path., 14:1046, 1961.

7. M. R. Ross, "Hypersensitive Teeth: Effects of Strontium Chloride in a Compatible Dentifrice," J. Periodont, 32:49, 1961.

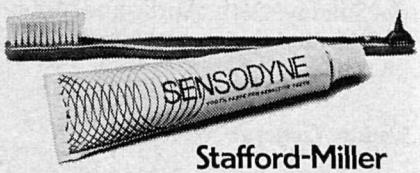
8. H. Pusso-Carrasco, "Strontium Chloride Toothpaste – Effectiveness as Related to Duration of Use," Pharmacol. and Ther. in Dent., 1:209, 1971.

9. W. B. Shapiro, R. S. Kaslick and A. I. Chasens, "The Effect of a Strontium Chloride Toothpaste on Root Hypersensitivity in a Controlled Clinical Study," J. Periodont. 41:702, 1970.

10. W. B. Shapiro, R. S. Kaslick, A. I. Chasens and D. Weinstein, "Controlled Comparison Between a Strontium Chloride and a Sodium Monofluorophosphate Toothpaste in Diminishing Root Hypersensitivity," J. Periodont, 41:523, 1970.

11. G. K. Stooky and J. C. Muhler: J. Dent. Res. 47:524 (Jul-Aug) 1968.

12. L. M. Nevins, "Control of Resistant Dental Hypersensitivity," New York State Dent. J. 30:160, 1964.



Stafford-Miller

The Guinness Stroll

The traditional Stroll for London Teaching Hospital students took place on Saturday, 11th May. J. Arthur Guinness & Co. Ltd., sponsored the Stroll in association with the Medical Sickness Society. This 30-mile trek through glorious Surrey countryside attracted approximately 1,300 strollers. Guy's was numerically well represented and succeeded in winning the Ladies' plate and coming third overall. First to finish the Stroll from Guy's was Steve Durham, Mr. I. D. Brown a recently converted orthodontist coming second.

Strollers can be recognised around the Hospital soon after the "event" by the way they walk. One wonders what motivates these stout citizens for this annual agony. Perhaps they are only there for the beer!

The Royal Photographic Society Education Group

The Royal Photographic Society is to launch an Education Group as an integral part of the Society.

This Group is set up to provide a forum for the widest possible exchange of views and information among those who are concerned with the merging interests of photography and education.

The inaugural meeting, for those interested in the formation of a group is to be held at the R.P.S. House, 14, South Audley St., London, W.1. on Tuesday, 4th June.

Activities of the Group will include lectures, one-day symposia, weekend workshops international residential conferences.

Membership is likely to appeal to teachers using photography and audio-visual aids as a teaching medium.

Dr. Martin Tweed

We regret to announce the death of Dr. Martin David Moore Tweed on Tuesday, 23rd April, at Wellington, New Zealand.

Dr. Tweed was 83, and qualified at Guy's in 1916, after a distinguished rugby career including a tour of the Argentine with an English R.U. team.

Guy's Hospital Physiotherapy and Radiography Association

A meeting was held on Saturday, 11th May, 1974, in Shepherd's House. In the morning a visit was made to the Cunliffe Laboratory by kind permission of Dr. M. N. Maisey. In the afternoon there was a Symposium on Ultrasound at which the speakers were, Dr. Mary Dyson, Anatomy Department, Guy's Hospital Medical School, Miss Rosemary Underhill, The Institute of Obstetrics and Gynaecology, Queen Charlotte's Maternity Hospital and Dr. V. Ralph McCready of The Royal Marsden Hospital. The members were entertained to lunch and refreshments by courtesy of the Endowments Committee.

After a general meeting, the Physiotherapy Prizes were awarded as follows:—

Angove Memorial Prize — Mrs. Jane. M. Howey (née Counsell).

Trethowan Memorial Prize — Mrs. Sally E. Aitken-Davies (née Letham)

MacTier Memorial Prize — Miss Ann M. M. James.

Badminton Club

This club has been active for the past month. The response has been enthusiastic and about forty medical, dental, nursing and physiotherapy students have so far displayed their talent on court. The club was allocated one night a week in the Pavy Gym, but the demand has been so great that the club now meets on two night a week. These are Wednesday at 5.00 p.m., and Thursday at 6.00 p.m.

The Club has the advantage of having a Commonwealth games bronze medallist who occasionally dispenses a few words of wisdom. We hope to put a team into the University of London league and possibly play for trophies within the club.

New members are always welcome.

Guy's Science Club

The Guy's Science Club meets once a month from October—May and provides an opportunity to hear about the research that is in progress in both the medical school and the Hospital. The meetings in the last session covered such topics as "Present Problems in Cardiac Surgery", "Changes in Arteries due to Ageing and Hypertension", and "Bone Marrow Transplants in Mice". Everybody is welcome to these meetings. For further details contact the Secretary, Dr. R. Kaye of the Department of Physics.

1974 Residents' Play

A limited supply of records of Trottle Potts Corner are available from Dr. D. J. Jones, price £2.50 plus V.A.T.

Students' Medical Education Committee

Election of representatives will take place on Tuesday, 28th May, and all medical students are urged to vote.

MEDICAL LEASE PLAN

A FLEXIBLE, MODERN EQUIPMENT LEASING SERVICE DESIGNED EXCLUSIVELY FOR THE DENTAL, MEDICAL AND VETERINARY PROFESSIONS. KEEP YOUR PRACTICE AT PEAK EFFICIENCY WITH MODERN LEASED EQUIPMENT FOR YOUR SURGERY, OFFICE, RECEPTION AND WAITING ROOMS.

no capital outlay — tax benefits

all risks insurance — life insurance

sickness and accident cover — trade-in benefits

GHG

MEDENTA SERVICES LIMITED

111 Gloucester Place, LONDON W1H 3PH Tel.01-487 2536

Please send me your 'Questions and Answers' brochure

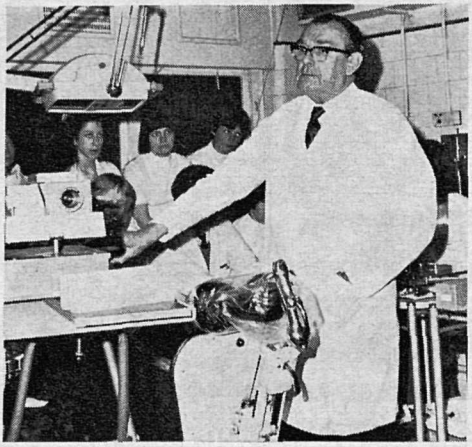
name .....

address .....

.....

An appreciation

Ronald Douglas Garner Gain



Mr. Gain during his last clinic.

On the morning of Friday, 26th April, 1974, the Clinic room on the second floor of the Dental Department was packed to capacity with students, staff and visitors attending Mr. Ronald Gain's last Clinic at Guy's. The patience, sympathy and humour which had characterised his service to the Hospital over 28 years were in evidence and all were concious of the obvious affection and esteem in which he was held by his patients.

Qualifying L.D.S., at Guy's in 1925, his first years were confined to general dental practice. At the outbreak of the second World War he immediately volunteered for service in the dental branch of the R.A.F. Appointed as Senior Dental Officer at R.A.F. Henlow, he was responsible for organising the mobile dental surgeries which served in so many overseas theatres. Many Guy's men who passed through Henlow will have had cause to be thankful to Squadron Leader Gain for a gentle introduction to service life and a characteristic willingness to help with any professional or personal problem.

The war over, he returned to join Professor Fenn's staff in the Prosthetic Department and at the suggestion of Sir William Kelsey Fry, who had known him in the Air Force, he interested himself in the plight of patients afflicted with congenital clefts of the palate. Over the years he established himself as an outstanding authority on the prosthetic rehabilitation of these patients. His clinical skills were augmented by a warmth of personality and great kindness which endeared him to them all.

His interest in history was prompted by his love of Pepys, about whom he was a fund of information and an informed and witty speaker. He had a profound knowledge of places of interest in London and frequently escorted overseas visitors who came to the Hospital and School. They found a half-day spent in his company a fascinating experience, but for many it was physically exhausting for Ronald Gain could outwalk most of his guests many years his junior.

Having until then held the appointment of Senior Hospital Dental Officer, in 1966 he was awarded the personal status of Consultant in recognition of his outstanding contribution to the care of the handicapped patients. Following Professor Rushton's retirement he was appointed Curator of the Dental Section of the Gordon Museum.

Although due to retire in 1969, there was no one at that time who had the experience necessary to care for his patients and he kindly agreed to continue as a locum Consultant. Having now reached the age of seventy he has certainly earned his rest and we all wish him and his wife, Connie, a long and happy retirement.

D.J.N.

OBITUARY

Dr. J. P. H. Ogilvie

Dr. J. P. H. Ogilvie died at his home at Brighton, on Sunday, 12th May, at the age of fifty-eight.

The son of Lady Ogilvie and the late Sir Heneage Ogilvie, Pat went up to Cambridge in 1935, and thence to Guy's Hospital.

It was there that he met a nurse, Jean Torrens, who later became his devoted and loving wife. Service in the R.N.V.R. from 1942 to 1946, and house jobs at Guy's and Windsor, preceded his joining a well-established Practice in Redhill. Pat was a big man in every sense; his humanity, humility and kindness at all times made him a lovable man. His loyalty, warmth, ready wit and loud laughter evoked love from patients, colleagues and his many friends. Always anxious to give his best, always unwilling to be in the limelight, the Presidency of the local B.M.A. division was taken reluctantly but with grace and dignity and it was with the latter qualities that he met this responsibility. He had the insight, skill and determination to diagnose his own terminal illness and when faced with this situation he met it with the quiet courage that was typical of his great depth of personality. His prime desire was to lessen the discomfort of those about him, however he felt; no greater tribute can be paid.

He is sadly mourned by his dear wife Jean, his four daughters and grandchildren, his mother and sisters, his partners and so many friends who were privileged to have known him as a great man and friend.

E.C.L.

Lilly's cephalosporin antibiotics started their development from a precious 5 grams (about a tablespoonful) of Cephalosporin-C. The substance promised exciting therapeutic potential, but the problems of development and production were enormous.

Lilly scientists and technologists, however, had a vast amount of experience in the antibiotic field. In spite of many frustrations the problems were finally overcome.

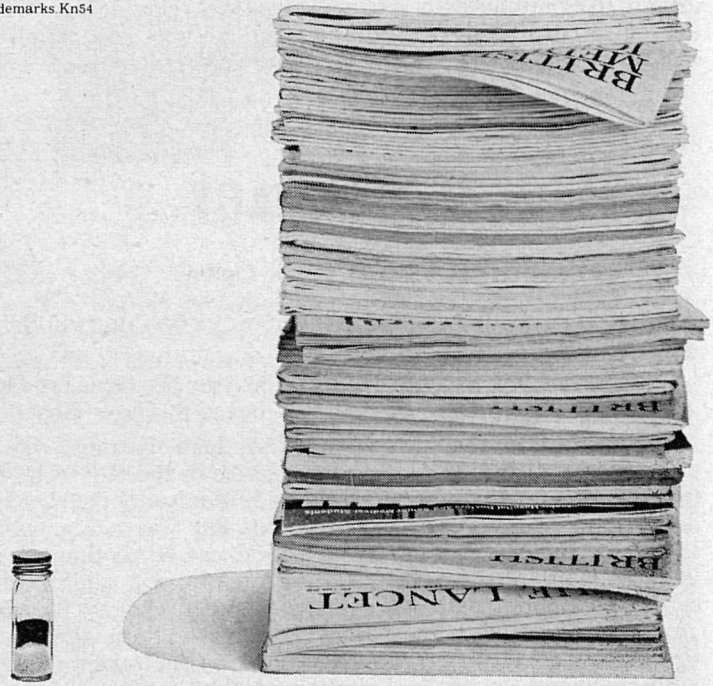
Today, 'Keflin' i.v. and 'Keflex' oral are backed by a decade of experience with the cephalosporins. 'Keflin' alone has been the subject of nearly a thousand papers – a wealth of knowledge to assist physicians and surgeons in the clinical use of this important group of antibiotics.

Full information available from:
Eli Lilly & Co Ltd, Basingstoke, Hants RG21 2XA.

'Keflex' & 'Keflin' are Lilly trademarks. Kn54

From 5 grams of Cephalosporin-C

ten years' expertise, a weight of evidence, two major antibiotics



Keflin i.v./Keflex oral

Cephalothin sodium

Cephalexin

Lilly

Foremost in Cephalosporin therapy

The Price Waterhouse Building at London Bridge Station

E. N. Cheadle (Project Manager)

Many readers will have seen that a new building is being erected on the British Rail property beside London Bridge Station. This building is to be occupied by Price Waterhouse & Co., one of the country's leading firms of chartered accountants, and is due to be completed by the end of 1975.

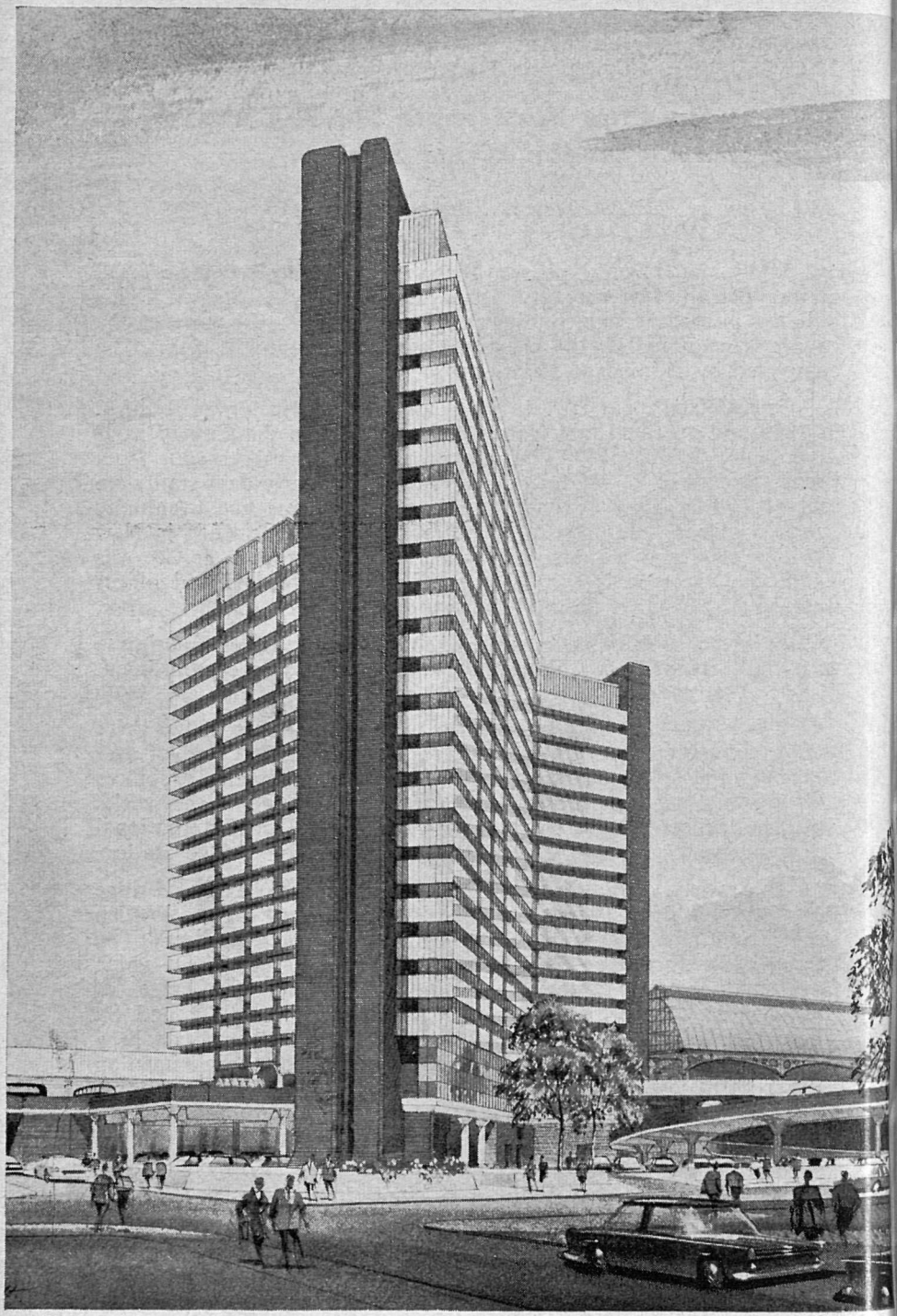
Price Waterhouse & Co. has a unique history; it was founded in 1849 and operated first from Gresham Street in the City of London. Since March, 1899 the practice has been carried out from Frederick's Place in Old Jewry. From the firm's early days staff were sent abroad in order to undertake work for clients and eventually overseas offices were opened. The first of these was opened in New York in 1890 and a separate firm of Price Waterhouse & Co. was established there in 1899. Other firms were established and offices were opened in other parts of the world as the need for them arose.

A further and important step in strengthening Price Waterhouse as a multi-national organisation was taken with the establishment of Price Waterhouse International with effect from 1st January, 1973.

P.W.I. is a partnership in which over 800 partners in the Price Waterhouse firms are members. There is a professional staff of over 10,000 and a total personnel of nearly 14,000 in over 230 offices carrying out our practice in over 70 countries throughout the world. The head office of both the United Kingdom and the International firms will be located in the new building at London Bridge Station.

The artist's impression of the new building at London Bridge shows that it consists of a group of three towers each of which stems from a central core which carries the main services. The heights of the towers or wings vary, the lowest wing being that which faces south-east and projects over the station itself. The height of this wing is 245 feet above the junction of Joiner Street and St. Thomas Street and is at level 20. The wing which projects in a northerly direction is 281 feet in height from the same road junction to its roof at level 23. The tallest wing of the building contains 26 levels and is 327 feet above the road junction; the top level of this wing is a viewing platform. When envisaging the layout it should be remembered that the wings of the building which project north and south-east do not start until level 5.

The building has a gross area measured between the outside walls of about 320,000 square feet. The main office areas occupy the fifth to the eighteenth levels with further office space being available on the next three floors of the remaining wings of the building.



An artist's view of the New Building.

Residential accommodation is provided on levels 22 to 24 inclusive. Recreational and snack bar facilities are located on the first and second levels which are below the level of the station concourse. The partners' dining facilities and associated kitchen are located on the third and fourth levels.

The whole office development is on London clay and is supported on 210 cylinder piles which vary in diameter from 30 inches to 132 inches and penetrate to a depth of 65 feet below ground level (St. Thomas Street). A reinforced concrete frame is used throughout with high tensile steel reinforcement. Columns at the lower levels are exposed and are of hexagonal cross-section. At the higher levels the columns are located behind the glazing line. The completed block will present a bronzed countenance to onlookers for a special solar glass set in black anodised aluminum frames is used to clad the balconies.

Progress to date

So what has been achieved to date? A sizeable part of the station including the post office areas has been rebuilt. Buildings and vaults in the areas covered by the north and east wings and the central core have been demolished and parts of the barrel roof over the station have been removed. Building has been completed to the fifth level which is the major structural level.

Recreational facilities

So much for progress and for the scheduled completion date. What about the recreational facilities? There will be a swimming pool (41 feet by 25 feet), two squash courts, a billiards room and a table-tennis room. In addition to these facilities, snack-bar and bar facilities are incorporated in the lower levels together with a large area capable of seating up to 200 persons. In addition to the snack-bar facilities there will be a partners' dining room and six private dining rooms.

It is worth mentioning that the building will be heated from a district heating scheme, the heat for which will be obtained from Bankside Generating Station as pressurised hot water. This is passed through heat exchangers to provide hot water at low pressure and at a temperature which is suitable for circulation within the building. Many of the new developments in the Hays Wharf area will be heated by this scheme.

In reading this article one will have gained the impression hopefully that the development at London Bridge is not just another office development but is in fact something that has been very carefully planned to meet the future needs of Price Waterhouse & Co. Furthermore, readers should be of no doubt that this building will enhance the area surrounding the Guy's Hospital complex.

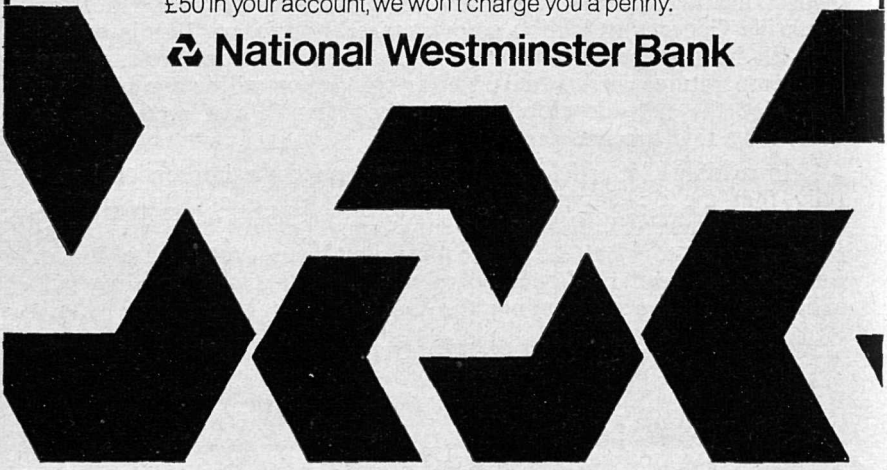
We'll give your money intensive care–for free.

A current account at NatWest costs you precisely nothing while you're a student – provided it stays in credit.

What's more, we really do help you manage your money. With regular statements so you know where you stand, with all the help and advice you need – to make your money go further, and to sort out any problems. And there's even a choice of striking pictorial cheques – something you won't find anywhere else.

But you don't have to stay a student forever to avoid paying bank charges – if there's a minimum of £50 in your account, we won't charge you a penny.

National Westminster Bank



The Oxford-London Marathon

In February this year it was decided that in order to raise money for a new boat the Club would run a sponsored row from Oxford to London. This had proved successful in 1970 when sufficient money had been raised to purchase a shell VIII of a quality befitting that of the oarsmen it was to contain.

A squad of oarsmen was formed and by the middle of March a training schedule had been devised such that members of the squad would be rowing together every day of the week either in sculls, pairs or fours for the months prior to the row. Practice in the VIII was restricted to the final ten days only.

In addition to the training each member of the crew had other tasks to fulfil. David Wright (bow) made a highly effective sound system for the boat whilst Jimmy Wallis (2) revarnished it to a mirror finish and repainted the riggers. Mike Gleeson, as usual, organised everyone else and obtained the magical Dynamo Drink from Beecham's (not without considerable help from Professor Macdonald, one of our Vice-Presidents); he also calculated the row schedule and arranged accommodation for his crew. Jim Miller (4) produced the Mark 5 "Bum Comforts" which were so good that none of the crew have had to take their meals from the mantelpiece! Rob Pinckney (5) took responsibility for the boat when it arrived in Oxford. John Burgess (6) produced a set of magnificent vests with "Guy's" emblazoned on the chest which he persuaded British Home Stores to produce and then donate to the Club at very short notice. Paul Stuart-Bennett supervised training whilst Andy Chivers (stroke) informed radio stations of our intentions and acted as kit and map supplier to the crews and lock parties. Steve Durham (1st reserve) helped by Simon Caswell, Simon Jefferies, Tim Palmer and, as far as I could tell, all the patients in New Guy's House, made a great success of the Stopwatch Competition. Trevor Barnes acted as Advertising Manager whilst Geoffrey Vevers ran an accommodation bureau for supporters wishing to spend the night in Oxford. Nigel Drane obtained stop-watches from Omega and arranged boat transport.

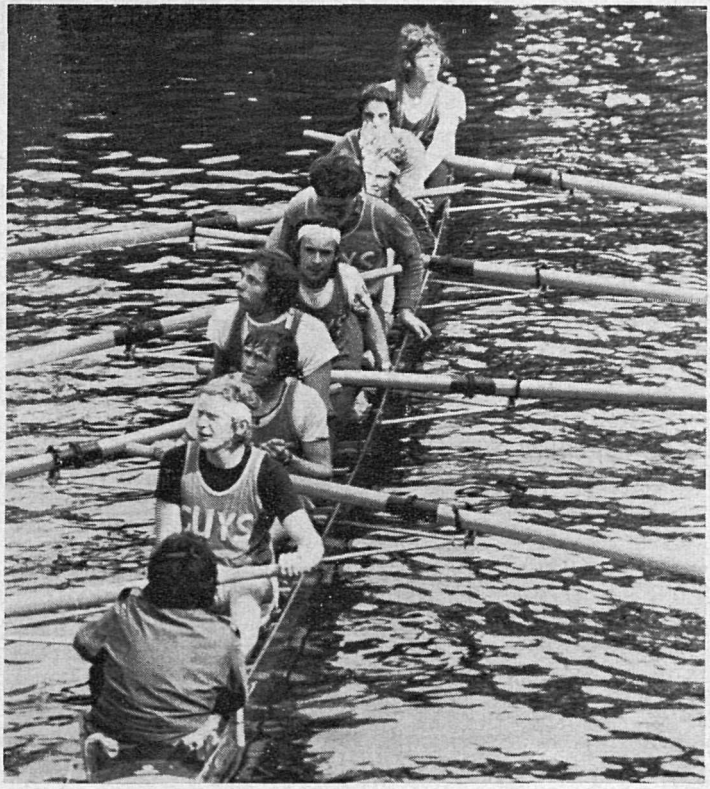
Perhaps the most significant contribution to breaking the record came from Geoffrey Moulding, a past captain (1971-72). He personally visited all the lock keepers prior to the day in order to gain their co-operation and devise a route which could be easily and quickly followed by the land parties. He then proceeded to manipulate the 50 or so supporters who followed the VIII such that every lock was manned and ready for it. It should be pointed out that if this had not been so efficiently carried out the record would still be attributed to Wallingford.

The day came all too quickly for the crew. As they sat under Folly Bridge waiting for Mr. Mansie to pronounce "the off" thoughts streamed through their minds—"How on earth could we have been talked into this?"—"It's miles to London; will I make it?"—"Whatever happens I won't be the first to crack up".

GO! The VIII creamed away at a steady 28-30 strokes per minute into a strong easterly breeze. We had hoped for good weather; rain and a head wind, however, would take their toll later. For the first 3 - 4 hours we battled our way against the wind and rain, refusing to lose time on our schedule, encouraged by our supporters who manned the locks so well. Fred Moorhouse showed his immense skill negotiating some exceedingly sharp bends in the river and sadistically squeezed every ounce of work out of the crew. His performance from the cox's seat was without doubt the best of his career.

About midday the weather began to improve, the wind dropped and the rain clouds rolled away to reveal blue skies and sun—perfect conditions. Alas, the rain had produced crops of blisters on our hands, some of which had burst and begun to bleed or reform. Good progress continued to be made throughout the day, but as the evening approached we had lost time on our schedule and were only just ahead of the old record. It was dark by the time we reached Teddington and as calculated the tide had turned about an hour before. We had 2 hours and 40 minutes to complete the final 16 miles. With the stream running fast and the lack of wind we had to beat the record.

Charlie Newins, the Imperial College Boatman, met us at Teddington in his launch, Menelaus, and with a band of supporters on board escorted us down stream. Three miles later we passed Richmond and three miles further the University Boat House and, to make



things more interesting, Charlie timed us over the Tideway Course —an amazing 26 minutes. We took a two-minute rest at Putney and decided to complete the course in two 20-minute sessions. The first took us to Battersea where a further minute's rest was taken. Setting off for the last time the rating began to rise, first 31 - 32 strokes per minute then as Lambeth Bridge was passed the stern pair squeezed the rating up again to 34. Amazingly we still had cover and fortunately Westminster Bridge and Pier were passed before Chivers and Stuart-Bennett could find 36 or even 38. Cheers and shouts from the bridge revealed that our time, 14 hours, 35 minutes, 46 seconds, had beaten the old record by 40 minutes and that in the end we had arrived 14 seconds earlier than scheduled! A speed of a little under 10 miles an hour had been maintained over the 111-mile course.

Fred Moorhouse produced a bottle of whisky which was duly emptied on its way to the bows, whilst the crew toasted that well-known hospital which overlooks the Thames at Westminster in the usual coarse and derogatory fashion.

Paddling light, we made our way to the Tower of London where, exhausted and sore, we disembarked and joined our supporters who had worked so hard all that day.

Our thanks go to all those who helped us during the day—the Oxford University boatman, the lock keepers, Thames Conservancy, the River Police and the Governor of the Tower of London, without whom our effort would have been in vain.

Alas, the money that we hoped to raise did not materialise. Donations and sponsorship realised a little over £100 (although we sent out 7,000 sponsorship forms) whilst the stop-watch a further £140. Expenses were considerable, e.g. prizes, maps, van hire, boat transport, etc., though many were borne by individual crew members. We still remain approximately £400 short of our target. It cannot be said that the Boat Club does not deserve financial recognition for this magnificent achievement of which I hope all Guy's men will be proud.

Crew: Bow, D. Wright; 2, J. Wallis; 3, M. J. Gleeson; 4, J. C. Miller; 5, R. G. D. Pinckney; 6, J. Burgess; 7, C. P. Stuart-Bennett; stroke, C. A. Chivers; cox, F. Moorhouse.

1st reserve, S. Durham; reserve cox, S. Jefferies.

Timekeepers: Dr. R. P. Murphy, Mr. M. Peterson.

SPONSORSHIP FORM

I should like to sponsor Guy's Hospital Boat Club in the Oxford to London Marathon.

(i) I enclose a donation of £

(ii) I should like to sponsor the crew at p per mile.

Signed.....

Address.....

Please return to :

G. W. G. Vevers,
Captain, Guy's Hospital Boat Club,
East Wing,
Guy's Hospital,
London Bridge,
SE1 9RT.

"MORE KNIGHTS AWAY"

Dr. R. E. SMITH

I am indebted to Dr. Henry Floyd, who has kindly pointed out to me some omissions. Sir Frank Pearce was among those on the staff who was honoured with a knighthood. He also told me about Sir Aubrey Rumball and Sir Cyril May.

Vice-Marshal Sir Aubrey Rumball, K.B.E., became an L.D.S., R.C.S., in 1926, qualified medically in 1930 and became an F.R.C.P., in 1952. Among his interests were latent coronary disease detectable by E.C.G.'s before and after exercise, pulmonary oedema with neurological symptoms after fainting larks and mess tricks; and spontaneous pneumothorax a condition which he thought was on the increase in the R.A.F., possibly attributable to better diagnosis. He was senior consultant to the Ministry of Defence (Air) and honorary physician to his Majesty King George VI and to her Majesty the Queen.

Robert Cyril May, served in the 1914-1918 war in the R.G.A., and was awarded the M.C. He qualified like myself with the conjoint in 1925. Shortly after he joined the medical service of the Royal Navy, attaining the rank of Surgeon Vice-Admiral and became Director General. He became a F.R.C.S., in 1957. He received a K.B.E., in 1958 and thereafter was known as Sir Cyril May.

Since writing my first article I have had the pleasure of meeting Sir Ralph Jackson. He pointed out to me that I failed to include Sir Alan Rook. Born in London, in 1892, he qualified from Guy's in 1915, and joined the R.A.M.C. After the war he had a brief postgraduate course at Guy's and then joined the R.A.F., and in 1922, he investigated sand fly fever in the Middle East. He rose to the rank of Air Vice-Marshal. He became a F.R.C.P., in 1939, a C.B., in 1946 and a K.B.E., in 1948.

He had a second career at Cambridge where he organised and started the student health service. He saw the decline of tuberculosis and the increase of psychological problems. He arranged for tuberculosis students to continue their studies and was greatly interested in the rehabilitation of students with athletic injuries. A correspondent contributing to his obituary in the *Lancet* said:—

> "He was the sort of man that it is impossible to replace, for his niche is carved in the affection".

He died in 1960 after a long illness.

Sir Robert Bradlaw (p. 80) was spelt incorrectly as Bradshaw. These correctives were salutary. I thought to avoid more mistakes I must go through "Titles Conferred" on p. 3195 of the Medical Directory. This led to the following discovery.

Gordon Covell qualified from Guy's in 1913, and achieved fame for his research on malaria. He was director of the Malaria Institute of

India and was knighted in 1946. He became a Major-General in the Indian Medical Service.

Having done all I thought was necessary I suddenly remembered that my old chief, Dr. Hector Charles Cameron had included delightful character sketches of prominent Guy's men in his history of "Mr. Guy's Hospital". There I found two more very distinguished "Knights Away".

Frederick Gowland Hopkins left the City of London School at the age of 14, or to be more precise, his parents were asked to remove him, because he played truant for weeks on end. To quote Cameron "The lure of the docks, the streets and the museums of London had beckoned him away from classrooms presided over by dull and elderly masters. Yet even then he had won high distinction in Chemistry, although he had never possessed a text-book on the subject. He was articled to a busy analyst and at 21 became a student of chemistry at University College and in the examination for the Fellowship of the Institute did so well that Sir Thomas Stevenson, an examiner, asked him to come to Guy's and assist him. By attending evening classes he got a science degree. In 1888, when he was 27, Dr. Stevenson strongly advised him to study medicine. This he did and was the first Gull Student of Pathology. He qualified in 1894 and served as Clinical.

In 1898, Michael Foster persuaded him to join him at Cambridge and develop Chemical Physiology. His part in the discovery of vitamins is known the world over. I had the privilege of being taught by him at Cambridge in 1920-1923. He was knighted in 1926, was awarded the Nobel Prize in 1929, the Order of Merit in 1935, and was President of the Royal Society from 1931-1936.

Guy's most honoured man died in 1947.

Another which I should certainly not have forgotten was Patrick Laidlaw. He came to Guy's in 1904 from St. John's College, Cambridge. After qualification he had a short spell in the physiology department. Then he joined Sir Henry Dale as a pharmacologist in the M.R.C. Laboratories and later became the first Sir Wliliam Dunn Professor of experimental physiology. He disliked teaching and he went back to the M.R.C. In 1934, he was elected a F.R.S., and F.R.C.P., and was knighted in 1935.

It was in the early thirties that he and his colleagues isolated the influenza virus. Before that the cause of epidemic influenza was highly speculative. Since then the virus has been shown to have different types and forty years later, its use as a vaccine is still unsettled.

Polio in youth caused a shortening of one leg and it was a great disappointment to him to be rejected for the armed forces in the 1914/1918 war. He died peacefully in his sleep in 1940 in the turmoil of the next war. I have quoted extensively from "Mr. Guy's Hospital". Dr. Cameron was the master of words and to end this account of Laidlaw I quote him:—

"Laidlaw in silence did work of the very highest quality".

I summarise my researches on those who received knighthoods

If you've taken your 2nd MB–

strike a bargain with the RAF

You get £1898 a year in your last three years as a medical student; with all fees paid.

In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

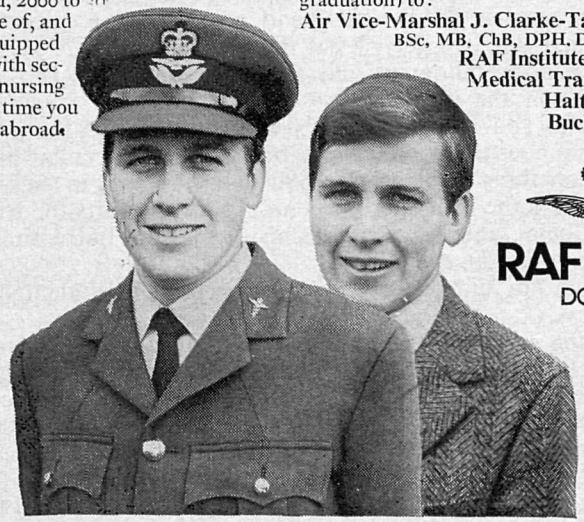
When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of £1400 to £2600 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book–or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1),
Halton, Aylesbury,
Bucks, HP22 5PG



RAF officer
DOCTOR

since 1923, the year I entered Guy's and who qualified from the Hospital but left to work in other places thus:

The following received Knighthood but have died:—

Frederick Gowland Hopkins	1926
Patrick Playfair Laidlaw	1935
Arthur Rook	1948
Walter Ferguson Hannay	1951

Knights who are still alive:—

Gordon Covill	1946
Robert Mackintosh	1955
Cyril May	1958
Aubrey Rumball	1960
Lindsay Ride	1962
Robert Bradlaw	1965
John Croot	1965
Ralph Jackson	1973
Cyril Clarke	1974

The knights, including baronets and distinguished members of the commonwealth like H.H. The Prince of Behar, H.H. The Maharawal of Dungaipur and The Omugabe of Ankole, but excluding those with peerages listed in Whitaker's Almanac are about 4,000. Guy's have nine knights living in addition to those on the staff and I think nine out of 4,000 is statistically significant.

100 Years Ago

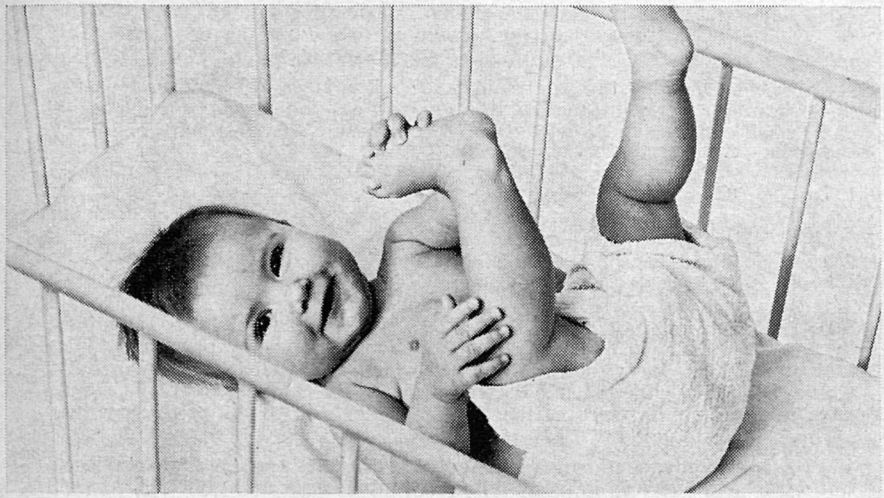
In the *Gazette* Editorial, 100 years ago almost to the very day, a true story of pre-exam psychosis was related. The exam was the *viva voce* part of finals of the College of Surgeons. The author points out some of the absurdities and comic fatalities that beset (and still do beset) students. I quote :—

"An over-anxious student, waiting in the colonnade to be called up, catches hold of a friend who has just come out of the room, 'What did you get? What did they show you?' says he. Then kindly the poor fellow is told that the examiners had a peculiar preparation of the penis.

" 'Mind you recognise it, it's very funny,' says the informer. In due time up goes the poor student, brimful of the peculiar preparation, and the first thing he is asked about is a pancreas in pickle. 'What's that, sir?' says the examiner 'A penis', quickly retorts the student with delight at being able to recognise his old friend, but entirely without thought or consideration."

The author did not say whether or not the student had passed the exam.

Bearing in mind the progress of medical science and medical education during the last 100 years, it is interesting to know that at the same examining board finals, that have finished only recently (and at which Guy's students were among the best), similar mistakes may have been made. Which other professions have such a wealth of human errors from which to learn.



Not all our patients are in the Royal Navy.

As a Nursing Officer in Queen Alexandra's Royal Naval Nursing Service, your work won't be restricted to treating a healthy elite of Naval Personnel, suffering from a host of minor ailments.

Your work will be as comprehensive as it is now. For a very good reason.

A large percentage of your patients will be civilians, suffering from much the same complaints as they would in civilian general hospitals.

The explanation is quite simple really. Our hospitals often double as general hospitals for the local civilian population.

So what's the advantage of nursing in the Royal Navy?

Well, for a start you'll enjoy a superb nurse/patient relationship, simply because the average ratio of patients to nurses is 4:1.

You'll also work in bright hospital wards and Sick Quarters, be they abroad in such places as the Mediterranean, Hong Kong or Mauritius, or back home in Britain. Haslar, Plymouth or one of our many other medical establishments.

Wherever it is, however, you'll have an excellent opportunity to broaden your medical experience. You could, for example, find yourself treating some unusual disease in the Far East.

Or you could specialise. As a registered Nurse Tutor, for instance, you could teach at the Royal Naval School of Nursing. As a Health Visitor you could work in medical centres and family clinics. And as a Midwife, you could work in one of our maternity units.

Socially, you'll have the best of both worlds. The status of an officer without many of the restrictions of naval discipline. And a social life that will give full scope to your personality.

Salaries are generous (at least £2,190 to start with if you have a minimum of two years post registration experience) and depending on your experience you can be awarded seniority in salary scale. Extra qualifications are an advantage.

Holidays are also quite exceptional. Six weeks paid leave a year.

You can enter the Royal Navy as a Nursing Officer for between 4 and 8 years. But you have the option to leave after 2 years and receive a tax free gratuity of £275 for every completed year of service.

To be eligible for entry you should be under 34 years of age, with at least 2 years general post registration experience.

If you would like to know more about the advantages of nursing with the Royal Navy, let us know your age and qualifications.

We'll then send you our brochure and answer any questions you might have.

The address is: **Matron-in-Chief, QARNNS, Empress State Building, London SW6 1TR.** (26BT1)

QARNNS
Nurse with the Navy

CORRESPONDENCE

Mr. E. Warburton

SIR,—I should like to thank the *Gazette* Committee for the gift which Dr. George Scott, their Chairman, presented to me on the occasion of my recent retirement from the position of Chief Accountant of Guy's Hospital.

The *Gazette* plays an important role in keeping Guy's men and women throughout the world in touch with events and developments at their Hospital and I shall continue to do whatever I can to ensure that this work continues.

Yours faithfully,

Frinton-on-Sea,
Essex.

ERNEST WARBURTON.

Some black ones; some white ones; some . . .

SIR,—I was dismayed to see the letter from Mr. Lionel Gilbert about the food at H.O.P. in the last issue of the *Gazette*. I do not, of course, blame you, Mr. Editor, for publishing a letter which was addressed to you, but I would have thought that the correct channel for such a complaint would have been to the Secretary of the Club. Nonetheless, Mr. Gilbert has written an open letter to you and I feel it deserves an open reply.

As an ex-active member of the Southern Counties Hockey Umpires' Association, I have had teas in many different Club Houses and although I would not put the fare offered at Guy's in the first or even second class, I do not think that it is as bad as Mr. Gilbert states. Moreover, we are under some considerable difficulty as, when the liquor licence at H.O.P. became renewable some year or so ago, the local authorities inspected our premises, said they were completely inadequate for the provision of food and said that unless we agreed to certain strict limitations they would oppose our serving any refreshments (alcoholic or non-alcoholic). The reasons they gave for saying that our premises were inadequate were that the kitchen was too small, the cooker was too small, there was only one sink for food preparation and washing-up, and there was a marked lack of working surfaces. We have overcome the sink problem by installing a double unit. The other problems have been extensively discussed by the old Clubs' Union Council and they even went so far as to ask an architect to draw up plans for conversion of the old laundry into a food preparation area. The minimum estimate of the price was £5,000 and, of course, such sums of money are not available.

After discussions with the local M.O.H. and other authorities and taking into account the wishes of the students, the present (admittedly unimaginative) fare was agreed upon. If anyone has any ideas how this fare can be improved upon would they please let me know. The new Clubs' Union was instituted to give people a say in matters such as this.

I was further amazed, Sir, to see the phrase "warm beer that was almost off", as I was at the Sports Ground on that particular Saturday and received no complaints, although I did not personally sample the beer. In my, albeit humble, opinion the care of the beer at H.O.P. leaves nothing to be desired.

I am sorry that your correspondent, Mr. Gilbert, had his shoes laces removed, but if he would care to tell me what colour they were then I will see that he is provided with a replacement pair.

Yours faithfully,

COLIN HUNTER-CRAIG,
Senior Secretary,
Guy's Hospital Clubs' Union.

Department of Forensic Medicine,
Guy's Hospital.

"Knights Away"

SIR,—May I add a few comments to R. E. Smith's article in your issue of 16th March. He said then that I was the only one of the seven Knights he had not met. We have corrected that in pleasant surroundings by meeting early in April, at a conference at the University of North Carolina, Chapel Hill.

R. E. has omitted two "Knight Away", both of whom served full careers in clinical medicine in the Royal Air Force. The first, Alan Filmer Rook, born 16th January, 1892, qualified M.R.C.S., L.R.C.P., in 1915, and was a contemporary of Conys. He was one of five Guy's men who joined the R.A.F. on its formation in 1918, but was the only one to continue in clinical medicine. He attained M.D. (Cambs.) and was elected F.R.C.P. (London). In 1936, he was appointed Senior Physician to the R.A.F. and appointed Companion of the Bath in 1946. He was knighted K.B.E. in 1948. From 1944 to 1948, he was an Honorary Physician to the King, retiring from the R.A.F. in 1948, to take over the appointment of Senior Health Officer to Cambridge University in that year. He died on the 26th August, 1960.

The second Knight is Aubrey Campion Rumball, born 1904, and he was in the Dental School during R. E.'s time at Guy's. He qualified L.D.S., R.C.S., in 1926, and M.R.C.S., L.R.C.P., in 1930. He went on to gain the D.T.M. & H., in 1937, D.P.M., in 1939, M.R.C.P. in 1947, and was elected Fellow in 1952. He was awarded the O.B.E. during the war in the Middle East, appointed C.B.E., in 1954, and knighted K.B.E., in 1968. In 1948, he became Senior Physician to the R.A.F., in succession to Sir Alan Rook, and was appointed K.H.P., from 1948 to 1952, and Q.H.P., from 1952 to 1966. He retired from the R.A.F., in 1966.

Thus, from 1936 to this year, 38 years, the Senior Physician to the Royal Air Force, has been a Guy's man—quite a record. Incidentally the newly-appointed Director-General of the R.A.F. Medical Services, Air Marshal G. H. Dhenin, A.F.C., G.M., Q.H.P., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., F.R.Ae.S., is also from Guy's.

Yours faithfully,

Central Medical Establishment,
Royal Air Force, Kelvin House,
Cleveland Street, London W1P 6AU.

RALPH JACKSON.

Vacation Work in the Wills Library

SIR,—There will be vacancies for two temporary assistants in the Wills Library from 5th to 30th August, inclusive. Students who are interested should contact me for details.

Yours faithfully,

J. M. FARMER (MISS)
Wills Librarian.

Friends? Romans?

SIR,—Students' attendance and performance are assessed every three months. Grading takes place within a narrow range and is of necessity subjective. I feel that we have some insight into our abilities and should be able to contribute, in some way, to the overall assessment of our fellow students. Perhaps this could be incorporated into a system which includes both the views of teachers and students, and the results of objective multiple choice testing.

Yours faithfully,

East Wing,
Guy's Hospital.

N. J. WHITE.

DO YOU SUFFER ?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help !

BROMLEY OFFICE SUPPLIES

22 NORTH STREET, BROMLEY, KENT

01-460 2257

SPORT

Sports Commentary

No one can argue that an outstanding success has been achieved by the Boat Club—their breaking the record of the Oxford-London marathon by forty minutes was a superb effort, ultimately obtaining considerable recognition in the National Press. Perhaps it is wrong to single anybody out as this was a team effort, but how many people have given so much for their sport as did Paul Stuart-Bennett who ended up in Casualty with a pulse of 44? The Squash Club ended their season in disaster with a 4—1 defeat in the Hospitals' Cup semi-final against St. Thomas's. The sole win was by Chris Mackenzie whose match results have been excellent since he returned from his "elective" in January. Still on "rackets" games, the Tennis Club started their season with a good league win over St. Mary's by 8—1. The Cricket Club, however, have been more erratic with only one win in a limited overs game against London Hospital, last year's Hospitals' Cup winners, and also a fighting draw against Templesheen Eccentrics when the last pair did not have time to score the 68 runs needed to win. There have been moments in the field—Ken "Pigeon toes" Rigg misjudged a catch, broke a finger-nail and ran somebody out all in a space of one second, and Rob Jones' dedication in the field was demonstrated by a loud rip as he bent down at silly mid-on. Notable performances were innings of John Wright against London Hospital (61 not out), and Chris Langdon (48) and Robert Goodhart (88), both against Ashtead. Alban Davies and Rob Jones have taken nearly thirty wickets between them so far, certainly bettering starts to other seasons. Messrs. Jones and Wright have requested that their performances be recorded as wonderful. (Between them they have lost the toss on every occasion—Editor).

Coming soon . . .

Golf—19th June. Guy's vs. St. Thomas's. At West Hill Golf Club.
23rd June. Guy's vs. President's Team. At Tandridge Golf Club.

Cricket—1st/2nd June. Canterbury tour.
4th June. Hospitals' Cup vs. St. Mary's/St. George's.
8th June. Past vs. Present at H.O.P. 11.30 a.m.

TENNIS

The 1974 Tennis Season got off to a rather abortive start when the first match against Lloyds Bank was rained off half way through.

Nigel Bullock and David Macpherson, after generously allowing their hosts the first set 6—1, put the screws on and took the second set 6—4. The opposition were lucky to escape at 3—0 up in the final set when rain came to their rescue. The second pair, Chris Williams and Rex Yetton won the first set with their standard, casual calm and decided to call it a day when Rex felt some drops of rain wetting his hair.

The League season started on Wednesday, 8th May, against St. Mary's Hospital second.

The first pair, Bullock and Macpherson (not to mention the Editor), were very surprised to find that they were better than their opposition and even won, 6—2, 6—4. The second pair, Ian Nicholson and Lester Pigot—a newly discovered star making his debut for the club in its 86th season—had no trouble "squashing" their opponents 6—0, 6—3. The third pair of Mike Chan and John Southgate—later to disgrace himself—also won, 6—4, 6—4.

Next came six singles matches, each against his opposite number. Nigel Bullock, won 6—2, 6—2, David Macpherson won 6—3, 6—0, Ian Nicholson won 6—2, 8—6, Lester Pigot won 6—0, 6—3, Mike Chan won 6—3, 7—5, but what's this, John Southgate lost! However, a satisfactory result of winning 8—1 was attained, giving us a flying start to the season.

Finally, if anybody is keen to play match tennis this summer, would they please get in touch with David Macpherson, at the East Wing. D.W.M.

SAILING

Harvey-Wright Gold Bowl

United Hospitals Sailing Club

Burnham-on-Crouch, 4th May, 1974.

Nine teams from eight hospitals entered for the Harvey-Wright Gold Bowl, at Burnham, on 4th May. The event was organised by the Middlesex Hospital under the burgee of the United Hospitals Sailing Club.

In the first round, Guy's were drawn against Westminster and won the race by $8\frac{3}{4}$ points to 12, after some confusion about the correct course. In the next round, King's College Hospital were beaten by the same points.

The final, against St. Thomas' Hospital, was held in gentle rain and with a slightly stronger wind. Guy's did well to finish in first, second and fourth places to win the Bowl by $6\frac{3}{4}$ points to 14.

As only four people were able to come from Guy's, two crews had to be "borrowed" from other hosiptals to make up the team. Mark Goble and Robin Ireland, who have recently gone to K.C.H. from Guy's, volunteered to do so in the final, despite the rain. No doubt the rest of the team would have bought them a pint if it hadn't been free!

Team:— P. Hutchings, C. Pugh, W. Simpson, W. Sudell. M. Goble and R. Ireland crewed in the final.

CRICKET

Guy's Hospital 1st XI vs. Beckenham

Saturday, 27th April, 1974. H.O.P.

Result: Beckenham won by 72 runs. (Beckenham—149 : Guy's 77)

Beckenham's good start was Guy's downfall, however this conceded one must mention the bowling of A. Davies 4—20, and R. Jones 4—50, who contained the opposition and prevented a mammoth total being achieved. Guy's innings never found any headway and only C. Langdon managed to dispatch the ball to the boundary with any style and success. S.T.

Team:— J. Wright, R. Jones, C. Langdon, A. Davies, B. Everett, S. Khan, A. Kingon, K. Rigg, J. Rooke, S. Taylor, G. Zaki.

Guy's Hospital 1st XI vs. Horsham

Sunday, 28th April, 1974. H.O.P.

Result: Horsham won by 132 runs. (Horsham 178 for 8 dec., Guy's 42)

The story was very much the same as the match with Beckenham, but instead in larger proportions. Once more R. Jones returned respectable figures of 4—64 and this was joined by P. Kay with 3—42. The less said about Guy's innings the better! S.T.

Team:— J. Wright, P. Kay, R. Jones, C. Langdon, S. Khan, A. Kingon, J. Lewis, K. Rigg, J. Rooke, A. Smith, S. Taylor.

Guy's Hospital 1st XI vs. Templesheen Eccentrics

Saturday, 4th May, 1974. H.O.P.

Result: Draw. (Templesheen Eccentrics—128 : Guy's 61-9)

Templesheen Eccentrics managed a respectable total and in fact proved far beyond Guy's means. The former's innings was well contained by some

accurate bowling by K. Rigg (5-30) and by D. Mills who bowled 17 neat overs only to be granted 3 wickets. Guy's innings was once more never allowed to burst forth by the opposition. S.T.

Team:— R. Jones, A. Davies, B. Everett, M. Bennetts, S. Khan, A. Kingon, D. Mills, K. Rigg, J. Rooke, S. Taylor, J. Williams.

Guy's Hospital 1st XI vs. London Hospital 1st XI

Sunday, 5th May, 1974. Wadham Rd. London Hosp. Ground.

Result: Guy's won by 4 wickets. (London Hospital—111, Guy's 115 for 6)

With last year's Hospital Cup final fresh in everyone's mind Guy's were determined to redress the balance. An 11.30 start was proposed but in the event, owing to misunderstanding, a 2.00 p.m. start and 40 overs match was agreed. London's downfall was due largely to their slow start although it was the openers who gave the innings any respectability and those that followed fell in trying to force the scoring rate. The London had to contend with some sharp fielding and catching by Guy's and also a long and accurate period of fast bowling by A. Davies which yielded just reward (4-28). He was ably supported by the Captain J. Wright who took three valuable wickets.

Guy's, unlike the London had to contend with a steady drizzle and for a side with more than its fair percentage of spectacled players this was no meagre disadvantage. Guy's success was due to a captain's innings and John Wright's (61 not out) gave the London fielders plenty of shots to remember as a cold wet ball came at rapid speed towards some part of the anatomy! S.T.

Team:— J. Wright, R. Jones, C. Langdon, R. Goodhart, A. Davies, J. Harker, A. Harris, A. Kingon, K. Rigg, J. Rooke, S. Taylor.

Guy's Hospital 1st XI vs. Ashtead

Sunday, 12th May, 1974. H.O.P.

Result: Ashtead won by 13 runs. (Ashtead 197 for 8 : Guy's 184)

The result shows the even matching of the two sides on this occasion and for a 40 overs match, runs were in abundance. Ashtead's total of 197 could well have been much higher but for some fine fielding with fine examples by J. Wright on deep fielding and C. Langdon at slip. R. Jones (3-56) was the only bowler to show the batsmen, but in the latter stages of his spell, runs were abundant.

Guy's innings was given the rare experience of an excellent start by C. Langdon (48) and R. Goodhart (88), but unfortunately they lacked support from any of the other batsmen.

It must be noted that the large number of runs seen in this game can only be attributed to the absolutely true wicket—all credit and thanks to Stan and his helpers at H.O.P., we sometimes take these kinds of wickets for granted. S.T.

Team:— J. Wright, P. Kay, R. Jones, C. Langdon, R. Goodhart, A. Davies, R. Fitton, A. Harris, A. Kingon, I. Nicholson, S. Taylor.

Squash Club

The squash team comprising of Chris McKenzie, Robert Kirschen, Angus Kingon, Lester Pigot and Colin Holden went on the annual tour to Cambridge on Friday, 1st March.

It was decided that to add a little spice to the tour a version of the "Wimbledon Barrel" would be attempted—a set number of pints having to

be drunk over the weekend with extra pints being added in for individual games lost.

The match against St. John's College on Friday evening, went well, Guy's winning 4—1. Chris McKenzie unfortunately adding to his long list of pints to be drunk.

Disaster was soon to fall, accommodation which had been promised did not materialise in full and only three rooms were found to be available. Two members left to find accommodation in a hotel taking with them the keys to two of the rooms, leaving one vacant room between three people; after a great deal of tossing, Lester Pigot had the mattress, Chris McKenzie the springs and Colin Holden the floor and rug.

Saturday morning was spent evading bicycles and preparing for the afternoon match against the Ganders (Cambridge II team). The match, to everyone's surprise was lost 4—1, all but Colin Holden adding a considerable amount of beer to their lists. Thanks must go to the Ganders for providing liquid refreshment and hot crumpets after the match.

It had become very apparent by late Saturday evening, that certain members of the team would not complete the set task and so an extraordinary general meeting was held; at 1.00 a.m. Sunday morning four pairs of buttocks were seen bobbing in the River Cam under Magdalene Bridge, several beers were deducted by the participating members. Shaking with cold the team headed for the nearby Indian restaurant only to be cut off by a marauding police car as we tried to avoid a one-way street. Chris McKenzie failed to convince the police constable that it was the river water which turned the crystals green and so we headed down town. Further interrogations revealed all and a blind eye was cast upon an awkward situation. Many marks must be given to P.C. Colin Everett and P.C. David Walters of the Traffic Division, of Cambridge Constabulary for providing coffee and hot rolls.

Sunday morning was spent motoring out to a bird sanctuary at Sandy, only to find that the birds has flown, so to speak. The match against Cambridge City in the afternoon was very unfortunately lost 3—2, Chris McKenzie and Angus Kingon playing exceedingly well. Special thanks to Professor Calne and his wife for providing after-match refreshments at their home.

The team then adjourned to the bar at St. John's to finish the business of the weekend.

L.P.

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the following appointments to commence duties on 1st October, 1974 :

Lecturer (full-time) in the Department of Orthodontics and Dentistry for Children.

Lecturer (five sessions a week) in the Department of Conservative Dental Surgery.

Application forms are obtainable from the Dean, Guy's Hospital Dental School, London Bridge, SE1 9RT, and should be returned as soon as possible.

PASS LIST

University of London
Ph.D. Medicine
January, 1974.

R. B. Johns (Dentistry).

Royal College of Physicians of London
M.R.C.P.
January, 1974.

Irene D. Cormac
J. H. Reynolds
C. B. Vulliamy
T. H. Watford

Royal College of Surgeons of England
F.F.A.
February, 1974

R. P. H. Dunhill
I. P. Hine
J. A. R. Pook

EXAMINING BOARD IN ENGLAND
Final L.R.C.P., M.R.C.S.
April, 1974.

Medicine

C. C. de V. Crawshaw
A. E. Dick
T. K. L. Fong
M. T. Knox
S. R. P. Lansdown
R. W. D. Nickalls
W. A. C. Simpson
J. S. Tilley
W. N. Trethowan

Midwifery

H. J. Gilford
W. Jago
M. T. Knox
J. P. Lewis
S. D. Milnes
R. J. M. Pascoe
J. G. H. Pearson

Surgery

B. S. Avery
C. J. L. Baker
R. P. Fitton
P. K. Gillman
G. E. Gornacz
J. M. Haworth
P. R. Kirtley
M. T. Knox
C. J. N. Lacey
M. H. Mok
K. Muntarbhorn
R. W. D. Nickalls
H. D. T. O'Donnell
C. R. Pascall
E. J. E. Stearns
M. P. Stearns
J. S. Tilley
B. G. Whiteside

The Royal College of Pathologists
Primary F.R.C. Path.
February/March, 1974.

Angela M. Howe.

The Royal College of Surgeons of England
Primary F.R.C.S.
February, 1974.

A. J. G. Batch
H. A. Goudarzi-Langroudi
D. M. Hunt
J. M. Morsman

The University of London
Ph.D.
February, 1974.

Medicine

F. P. Ashley (Dentistry).

Science

M. J. Graveney (Medical Physics).

PAPERS BY GUY'S MEN

Alberman, E. (1974). Stillbirths and neonatal mortality in England and Wales by birthweight, 1953-1971. **Health Trends, 6,** 1, 14-17.

Bates, T. Trial of a single low dose of heparin in the prevention of post-operative dep-vein thrombosis monitored by doppler ultrasound. **Post-graduate Medical Journal,** 1974, **50,** 135.

Benson, P. F. (1973). Genetic aspects of mental retardation. **Biochem Soc. Spec. Publ. 1,** 19-26.

Brown, I. D. The unpredictable lower third molar. **British Dental Journal,** 1974. **136,** 155.

Calin, A., Grahame, R., Missen, G. A. K., Powell-Jackson, P. R. **and others.** Excess deoxycorticosterone secretion from adrenocortical carcinoma. **British Medical Journal,** 1974, **2,** 32.

Chilvers, C. D. **and another.** Clinical trials: a simple painless treatment for plantar verrucae in general practice. **Practitioner,** 1973, **210,** 829.

Creasy, M. R. **and** Crolla, J. A. Prenatal mortality of trisomy 21 (Down's syndrome). **Lancet,** 1974, **1,** 473.

Dean, M. F., Benson, P. F. and Muir, H. (1973). Treatment of the Mucopolysaccharidoses. In: **Treatment of inborn errors of metabolism.** Current treatment and future prospects. Seakins, J. W. T., Saunders, R. A. and Toothill, C. **Eds.** pp. 227-237. Edinburgh, London: Churchill Livingstone.

DiLuzio, V., Roy, P. R. **and** Sowton, E. Angina in patients with occluded aorto-coronary vein grafts. **British Heart Journal,** 1973, **36,** 139.

Eraut, D. Idiopathic hypoparathyroidism presenting as dementia. **British Medical Journal,** 1974, **1,** 429.

Holt, D. **and another.** Digooxin in benign intracranial hypertension. **Lancet,** 1974, **1,** 358.

Hyams, D. E. Gastrointestinal problems in the old, I and II. **British Medical Journal,** 1974, **1,** 107; 150.

Keen, H., Jarrett, R. J. **and others.** Cardio-respiratory disease and diabetes among middle-aged male civil servants. A study of screening and intervention. **Lancet,** 1974, **1,** 469.

Lawrie, R. Long live the small hospital! **Annals of the Royal College of Surgeons of England,** 1974, **54,** 198.

Machin, G. A. Chromosome abnormality and perinatal death. **Lancet,** 1974, **1,** 549.

Polani, P. E. (1974). Turner's, Ullrich's and Noonan's syndromes. **British Medical Journal, 2,** 5911, 177 (letter).

Rees, R. J. W. **and another.** Comparison of the modes of spread and the incidence of tuberculosis and leprosy. **Lancet,** 1974, **1,** 47.

Roberts, C. I. Consultants' salaries. (Correspondence). **British Medical Journal,** 1974, **1,** 643.

Robinson, R. **and another.** Poliomyelitis after contact with recently vaccinated infant. (Correspondence). **British Medical Journal,** 1974, **2,** 53.

Sanderson, C., Williams, B. D. **and** Cameron, J. S. Precipitating antibodies in systemic lupus. (Correspondence). **Lancet,** 1974, **1,** 677.

Saxton, H. **and another.** Venous anomalies complicating left adrenal catheterisation. **British Journal of Radiology,** 1974, **47,** 219.

Seller, M. J., Singer, J. D., Coltart, T. M. **and another.** Maternal serum-alpha-feto-protein levels and prenatal diagnosis of neutral-tube defects. **Lancet,** 1974, **1,** 428.

Seller, M. J. (1973). Transplantation of haemopoietic tissue in genetically anaemic mice. **Exp. Hematol., 1,** 5, 283. (Abstract).

Seller, M. J. (1974). Alpha-fetoprotein in human conceptuses. In: **Alpha-feto-protein** Masseyeff, R. **Ed.** pp. 383-386. Paris: Institut Nationalede la Santé et de la Récherche Medicale.

Shillitoe, E. J., Lehner, T., Lessof, M. H. **and** Harrison, D. F. N. Immunological features of Wegener's granulomatosis. **Lancet,** 1974, **1,** 281.

Spurrell, R. A. J., Krikler, D. M. **and** Sowton, E. Effects of verapamil on electro-physiological properties of anomalous atrio-ventricular connection in Wolff-Parkinson-White syndrome. **British Heart Journal,** 1974, **36,** 256.

Whichelow, M. J. Sturge, R. A., Keen, H., Jarrett, R. J. **and** Grainger, S. Diurnal variation in response to intravenous glucose. **British Medical Journal,** 1974, **1,** 488.

Wyard, S. J. **and** Elliott, J. P. E.S.R. studies of radiation damage in nucleic acids, bases, nucleosides and nucleotides. **Annals of the New York Academy of Sciences,** 1973, **222,** 628.

Zaphiropoulos, G. **and** Burry, H. C. Depression in rheumatoid disease. **Annals of the Rheumatic Disease,** 1974, **33,** 132.

Zimmet, P. Z., Wall, J. R., Rome, R., Stimmler, L. **and** Jarrett, R. J. Diurnal variation in glucose tolerance: associated changes in plasma insulin, growth hormone, and non-esterified fatty acids. **British Medical Journal,** 1974, **1,** 485.

BIRTHS

BEACHAM—On 29th April, 1974, to Anna and Richard, a daughter, Jane, a sister for Claire.

JAMIL: To Dr. Qudoos and Yasmin Qamar on 20th April, 1974, a daughter.

LLOYD-STILL: To John and Dorrie on 9th April, a daughter, Sarah Jean, a sister for Robbie, in Hershey, Penn., U.S.A.

TOMLINS—To Gillian (née Cawthorn) and Christopher, on 23rd April, 1974, at Queen Mary's, Roehampton, a son (David Spencer Corbett).

TRIPP—To John and Judy, on 3rd April, 1974, a daughter, Melanie Ruth.

CHANGES OF ADDRESS

Dr. and Mrs. R. A. C. Hughes, 2 Onslow Gardens, Muswell Hill, N10 3JU.

Dr. and Mrs. E. C. Lewis, 3 Grange Close, Merstham, Redhill, Surrey, RH1 3DY.

Mr. Bernard Scholefield, 7 Winchester Avenue, Tupsley, Hereford, HR1 1QJ. Telephone: Hereford 2879.

Dr. John Searle, M.B., B.S., F.F.A.R.C.S., Department of Anaesthetics, Royal Devon and Exeter Hospital, Wonford, Exeter, Devon.

Dr. and Mrs. J. H. Tripp, 90 Broxash Road, Clapham Common, London SW11 6AB.

PERSONAL

ASSISTANT/Associate required in busy multiple practice in town centre, Margate Low-seated with complete clinical freedom, laboratory on premises, pleasant surgery with own chairside assistant and fully experienced staff, full book assured. For further details or appointment to view, please telephone 0843-21771.

WANTED: Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Phone: Farnborough (Kent) 58530, evenings; 01-407 7600 Ex. 357 daytime.

DEATH VACANCY: Semi-detached house established nearly 40 years as Dental Practice. Private and N.H.S. In excellent professional/residential position yet only 200 yards from main shopping centre in Streatham. Ample scope for expansion. Surgery, waiting room, morning room, kitchen, five large bedrooms, one bathroom, separate W.C., two box rooms (3 floors in all) plus 4 cellars, one being X-Ray Dark Room. Freehold, Goodwill and Equipment £29,000. Box 1/5.

HILLMAN HUNTER: L reg. 20,000 miles, radio, excel. cond. £775 o.n.o. After 2nd June, contact Ken Barron Thoracic Unit or 883 4506.

LARGE self-contained furnished flat in Gorgian House on 20 acres near Sidcup, 13 miles London—5 Beds., Drawing Room, Dining Room, Bath, Kitchen—ample Garage accommodation, £27 per week. Telephone: 01-300 2347.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS C. E. HANDLER, P. TILLMAN

SPORTS CORRESPONDENT A. M. KINGON

NURSING CORRESPONDENT Miss P. M. JEFFERIES

PHOTOGRAPHER S. J. TWIGGS

MONTHLY TWELVE PENCE VOLUME 88 NUMBER 2235

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Midsummer's Dreams in The Park

It is now the end of June and July is around the corner. If there were ever a time of year when the profile of the community at Guy's visibly changes it is surely now. This apparent "face-lift" is perhaps most obvious and noticeable in the Park. The recent spells of warm dry weather bring about a cataclysmic change to these pleasant lawns. All except the most disgruntled sufferers of hay fever must surely delight in the smells of freshly-cut grass and the delicate fragrance of apple blossom that provide such a welcome olfactory opponent to the Bermondsey fumes.

Far be it even from the authority of the "*Gazette*" to forecast a long-lasting anticyclone for July and August, it nevertheless seems reasonable to suppose that in the words of S. T. Coleridge "Summer will set in with his usual severity". The Park is then understandably considered by many to be like an oasis. There is an invasion of white coats, white overalls, white dresses and eventually white bodies. Of the last mentioned those to be seen outside the Nurses' Home may be considered more aesthetically pleasing than other on the lawns opposite Hunt's House and Hunt's laboratory.

Examination results also raise the temperatures of many students at this time of the year. For those recovering from such mental exertion, new ideas for improvements for the Park spring to mind. Several Oxbridge students for example, would welcome the introduction of a croquet lawn and furthermore would relish punting facilities

outside Hunt's House. Certainly this would provide an interesting means of transportation to New Guy's House. A cold drinks bar has also been proposed by the more languid lunchers. It seems unlikely, however, that any of these semi-serious suggestions will be introduced, at least not in the forseeable future. It is worth remembering that even though Guy's is considered by many to be conservative in some policies of medical education and student behaviour, relatively drastic changes do occasionally occur. Have not female students been admitted to the medical school albeit at the appreciable cost of women's lavoratories? In addition, who would have thought that the Park would ultimately be used as a park?

It is nice to know that Guy's students take an interest and indeed a pride in their medical school and Hospital. Such summer dreams are welcome and harmless. Let us hope for a good summer with all that goes with it; examination results, sporting results and a general feeling of sunshine even in the patients. We get little enough fine weather to appreciate the Park. The gardens are at their best, the girls are pretty and why not enjoy summer while we can?

C. E. H.

GUY'S DIARY

JUNE			
24	M	1.00	Clinical Lecture. Mr. YATES "Peripheral Vascular Reconstruction of Coronary Arteries to the Lower Limbs"
25	Tu	1.00	Clinical Lecture. Dr. GRIMBLE "Significance of the Serum Tests for Syphilis"
27	Th	1.00	Clinical Lecture. Dr. HIGGINS "Giddy People"
JULY			
1	M	1.00	Clinical Lecture. Mr. LAURENCE "Recent Progress in Joint Replacement"
2	Tu	1.00	Clinical Lecture. Major-General ROGERS "A Chapter of Accidents"
5	Fr.	1.00	Clinical Lecture. Professor TROUNCE
9	Tu	1.00	Clinical Lecture. Mr. BEARD
11	Th	1.00	Clinical Lecture. Dr. DOWLING
12	Fr	1.00	Clinical Lecture. Mr. WATSON "Historical Aspects of Retinal Detachment Surgery"
22	M	1.00	Clinical Lecture. Mr. RENDALL "Varicose Veins"
23	Tu	1.00	Clinical Lecture. Dr. CHANTLER "Failure to Thrive"
25	Th	1.00	Clinical Lecture. Dr. HARDWICK "Diabetic Coma"
26	Fr	1.00	Clinical Lecture. Mr. O'FLYNN
29	M	1.00	Clinical Lecture. Dr. HOSKINS

NEWS IN BRIEF

Guy's Men

We should like to congratulate Lord Brock who has recently been made an Honorary Member of the All-Union Society of Surgeons of Russia, and to Dr. Ronald Mackeith on the award of the Rosen von Rosenstein Medal in May this year at Gothenburg. The award was made in recognition of Dr. Mackeith's services to European neuropaediatrics and in particular for support of the Scandinavian branches through the years.

M.B., B.S.—Gold Medal

We should like to extend our congratulations to Mr. N. J. White on his award of the Gold Medal in the recent finals examinations. The Medical School can justly feel proud of these past examination results which can only bring credit to the Hospital.

Three Chairs for Three Departments

Three new Professors have been appointed by the University in three departments of the Medical School.

Professor J. S. Cameron, B.Sc., M.B.B.S., F.R.C.P., formerly Senior Lecturer in the Department of Medicine and a Renal physician has been appointed to the new Chair in the Department of Renal Medicine. His world eminence in this field is well recognised and in addition students will recognise him as President of the Theatre Club.

Professor J. P. Watson, M.B., B.Chir., M.R.C.P., D.P.M., D.C.H., has been appointed Professor of Psychiatry. He was recently Senior Lecturer and Honorary Consultant Physician in the Department of Psychological Medicine at St. George's Hospital Medical School.

Professor S. J. Wyard, B.A., Ph.D., D.Sc., F.Inst.P., has been given the Chair in Physics in the Medical School. He has been for some time the Head of this Department.

We should like to extend our congratulations to these gentlemen and wish them all the best in their new appointments.

Summer Jeans

Sir Cyril Clarke, F.R.S., President of the Royal College of Physicians, will talk on:

"Genetics For Doctors—Some Personal Interests", on 1st July, at 5.00 p.m., in the Anatomy Lecture Theatre.

Wolfson House Appeal

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Wolfson House Appeal Fund up to the time of going to press:

Mr. J. Alexander
Mr. G. J. Amiel
Dr. J. P. Balfe
Dr. D. G. Bancroft
Lt.Col. J. F. S. Batson
Dr. E. H. J. Berry
Dr. E. Beswick
Mr. J. B. Blaikley
Dr. A. S. Bookless
Dr. P. L. Brangwin
Dr. H. C. Burry
Dr. G. Canty
Mr. R. M. Carson
Mr. H. Carter
Mr. A. E. Castle
Dr. M. C. K. Chan
Dr. S. H. Chazen
Mr. A. J. Chapman
Professor Sir Cyril Clarke
Dr. A. V. Clemmey
Dr. R. J. Cockerill
Dr. H. H. Crabb
Dr. N. L. Crabtree
Mr. J. K. Crafts
Dr. A. A. Craigen
Mr. D. F. Crouch
Dr. E. I. Davis
Mr. J. A. Dickinson
Dr. W. R. Dunham
Dr. D. E. Dunnill
Mr. D. R. Edwards
Mr. G. M. Evans
Dr. J. M. Forsyth
Dr. E. Fulford
Dr. F. W. Gilbert
Mr. N. Gillman
Sir John Goodhart
Dr. J. Gordon
Mr. D. G. Gourley
Mr. H. J. Halestrap
Dr. R. D. C. Hart
Dr. R. L. Harward
Squadron Leader C. D. Hawes
Dr. P. M. Higgins
Dr. R. D. Hill
Dr. K. A. Hillard
Mr. C. L. Hudson
Dr. M. J. Hunter
Dr. M. P. Jeffery
Mr. S. P. Johns
Dr. C. D. G. Johnson
Mr. D. D. Jones
Dr. M. S. Kataria
Dr. J. G. Kingsbury
Lt.-Col. M. Kingsley
Mr. W. R. Knapman
Dr. G. S. Landon
Mr. F. W. Law
Dr. W. B. D. Maile
Mr. H. Challis Martin
Dr. P. B. Maxted
Mrs. A. S. Milne
Dr. H. E. Moody
Drs. A. H. & C. J. Mowbray
Professor D. J. Neill
Dr. T. A. J. Ogunbiyi
Dr. B. K. Oliver
Surg. Rear Admiral (D)
L. B. Osborne
Dr. J. N. Pachmayr
Dr. J. S. Paddle
Dr. C. G. Pantin
Dr. & Mrs. R. L. P. Peregrine
Dr. I. C. Perry
Mr. N. E. Pitt
Dr. A. Ponder
Dr. D. R. Pugh
Wing Cdr. J. A. Quant
Dr. W. M. Ramsden
Mr. P. V. Reading
Dr. H. S. Reeves
Dr. T. L. Reeves
Group Captain M. O. Richardson
Dr. F. W. B. Rilstone
Dr. D. J. Roberts
Dr. A. Talbot Rogers
Professor A. H. R. Rowe
Mr. J. D. Salter
Mr. F. A. W. Schweitzer
Dr. S. G. A. Shute
Professor C. Keith Simpson
Mr. R. W. Slee
Dr. K. S. Southam
Mr. W. B. B. Southwell
Mr. D. C. J. Stares
Professor J. Staz
Dr. G. S. Steele-Perkins
Dr. S. R. Trick
Mr. J. G. M. Turle
Mr. A T. Vale
Colonel R. S. Vine
Dr. J. L. LeC. Walker
Dr. F. Walt
Dr. M. L Walt
Dr. R. R. Watkin
Mr. N. Yendell

Also several donations in memory of the late Mr. Charles Hampton Smith.

Are your patients suffering sensitivity in silence?

As you know, hypersensitivity can be painful but it needn't be serious. The trouble is that patients who suffer from sensitive teeth often shy away from painful treatment, choosing to endure their discomfort in silence.

But there is a way that patients can tell you without their having to say a word. Simply give their teeth an all-round squirt from your 3 in 1 Air Syringe. If the patient over-reacts then recommend regular brushing with Sensodyne, the medicated toothpaste that brings relief from the painful symptoms of hypersensitivity.

Leading dental authorities recognise Sensodyne's superiority.

Sensodyne contains strontium chloride which builds up a really effective protection. This unique fomulation has been proved time after time to be one of the best treatments for hypersensitivity. Whether it be caused by periodontitis, surgical exposure, clamp abrasion or any other dental condition.

90% of patients find Sensodyne helps reduce the level of sensitivity and 67% gain complete relief (1-9). Sensodyne starts to work with the first brushing. And the longer it's used the greater the cumulative protection it provides.

Sensodyne gives superior plaque control too.

But Sensodyne is not only good for hypersensitivity. With a proper brushing technique it is one of the best ways of removing harmful plaque.

In tests, independent investigators found Sensodyne's enamel polishing properties three times higher than other commercially available desensitizing dentifrice (11). Sensodyne is completely safe for continued use, and can be recommended with confidence as a replacement for ordinary toothpaste.

The Sensodyne Softex Toothbrush.

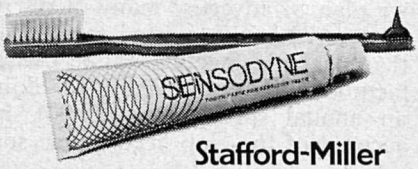
As you know, to complete the treatment for hypersensitivity it is vital that patients use a toothbrush that will not aggravate the condition.

The Softex brush has slender, resilient, nylon filaments, which are rounded at the tip to prevent abrasion or injury to the gums. The brush head is short, narrow and rounded, which makes it easier to clean and brush all parts of the teeth without damaging sensitive areas.

So when you recommend Sensodyne, remember the Softex brush. Together they provide the complete home treatment for hypersensitivity (12).

References

1. H. Zelman and C. E. Hillyer, "Treatment of Dental Hypersensitivity with a Strontium Chloride Dentifrice in a General Dental Practice," New York J. Dent., 33:259, 1963.
2. B. Blitzer, "A Consideration of the Possible Causes of Dental Hypersensitivity: Treatment by a Strontium-ion Dentifrice," Periodont. 5:318, 1967.
3. M. R. A. deRabbione and J. Monteverde, "Action of a Dentifrice Containing Strontium Chloride as an Active Drug for the Treatment of Dental Hyperesthesia," El Cooperador Dental (Argentina) No. 186-187, Nov-Dec 1964.
4. R. M. Meffert and S. W. Hoskins, "Effect of a Strontium Chloride Dentifrice in Relieving Dental Hypersensitivity," J. Periodont, 35:232, 1964.
5. H. Skurnik, "Control of Dental Hypersensitivity: Preliminary Report on a Strontium-containing Dentifrice," J. Periodont, 34:183, 1963.
6. A. Cohen, "Preliminary Study of the Effects of a Strontium Chloride Dentifrice for the Control of Hypersensitive Teeth," Oral Sur., Oral Med., & Oral Path., 14:1046, 1961.
7. M. R. Ross, "Hypersensitive Teeth: Effects of Strontium Chloride in a Compatible Dentifrice," J. Periodont, 32:49, 1961.
8. H. Pusso-Carrasco, "Strontium Chloride Toothpaste – Effectiveness as Related to Duration of Use," Pharmacol. and Ther. in Dent., 1:209, 1971.
9. W. B. Shapiro, R. S. Kaslick and A. I. Chasens, "The Effect of a Strontium Chloride Toothpaste on Root Hypersensitivity in a Controlled Clinical Study," J. Periodont. 41:702, 1970.
10. W. B. Shapiro, R. S. Kaslick, A. I. Chasens and D. Weinstein, "Controlled Comparison Between a Strontium Chloride and a Sodium Monofluorophosphate Toothpaste in Diminishing Root Hypersensitivity," J. Periodont, 41:523, 1970.
11. G. K. Stooky and J. C. Muhler: J. Dent. Res. 47:524 (Jul-Aug) 1968.
12. L. M. Nevins, "Control of Resistant Dental Hypersensitivity," New York State Dent. J. 30:160, 1964.



Stafford-Miller

National Listening Library

The National Listening Library has recently introduced to physically handicapped people who cannot read or handle books in the ordinary way, the first recordings it has made itself. Until this time, the Library has relied wholly upon recordings made by the Royal National Institute for the Blind, who run a similar service for blind people.

The centrally-based London Library hopes to branch out in other towns and this should greatly benefit sufferers fro crippling diseases such as osteo-arthritis and rheumatism, and those who are post-operative patients.

Biomedical Engineering Exhibition Lectures

A programme of four major lectures is to be presented during the fifth Biomedical Engineering Exhibition which will be held at Imperial College, London, from 3rd to 5th September, 1974.

The programme, which has been arranged by the Biological Engineering Society, includes the following topics :—

(a) Ultrasonic diagnostics: A look into the future.
(b) Rehabilitation and Engineering.
(c) Future prospects for Biomaterials.
(d) Exploring Biological Signals.

More information may be acquired from the following address:—

U.T.P. Exhibitions Ltd., 117-123 King Street, London, W6 9JG.

Pharmaceutical Society

The Post-graduate school, which is being organised jointly by the School of Pharmacy, University of London, and the Pharmaceutical Society of Great Britain, will last for five days from Monday, 14th April—Friday, 18th April, 1975.

The subject of the school is "Diffusion in Pharmaceutical Formulation and Packaging"; Lecture topics will include:—

Application forms may be obtained from Mr. R. E. Marshall, The Pharmaceutical Society of Great Britain, 17 Bloomsbury Square, London, WC1A 2NN.

Guy's Genetic Club

Two years ago a Genetic Club was started in Guy's in order to promote interest among Guy's men and women in the study of those developmental, physiologic and pathologic processes which are under the control of the genetic material.

At first, the club restricted its meetings to members but now that the club has established its roots it seems appropriate to open more formal meetings to everyone who is interested and therefore we plan to advertise many of our meetings in the *Gazette*. Naturally anyone who is interested in Genetics enough to wish to attend more than the odd meeting of the club is welcome to join the club as a member—the only penalty for doing so is the risk of having to pay an annual subscription (£1.00), in those years when the expense account of the club needs some sustenance.

F. Giannelli,
The Secretary of the Genetic Club.
(Paediatric Research Unit)

Open Day in the Division of Biological Sciences

The Division of Biological Sciences in the Medical School consists of the following:— Department of Biology, Unit of Sociology as applied to Medicine, Medical School X-Ray Unit, Department of Physics, Unit of Psychology as applied to Medicine and an honorary Statistician.

A display of teaching and research of these faculties took place in the Medical School on Thursday, 30th May, 1974. Although originally planned for one day only, the exhibition was continued on Friday due to the good attendances on both days. The various departmental demonstrators and technicians provided a wide range of exhibits.

In the Biology Department these ranged from "British river systems and their gradients" and "Cell motility in a ciliate" to "Ferrokinetics in mice" and "Autoradiography". The Physics Department displayed the "Teaching and research equipment" and also had an interesting exhibit on "Hiar Stretching". There were also detailed and fascinating exhibits of "Arterial Compliance" and "Electrical measurements in clinical medicine" put on by Dr. R. G. Gosling and his team.

NOTICE

GUY'S HOSPITAL BIENNIAL DINNER

Friday, 4th October, 1974.

The next Biennial Dinner will be held in the Connaught Rooms, Great Queen Street, Kingsway, W.C.2, on Friday, 4th October, 1974. Lord Brock, M.S., F.R.C.S., F.R.C.P., has kindly agreed to act as Chairman.

All qualified Guy's men and women, medical and dental, are invited to attend, so please make a note of the date.

A Clinical Meeting of general medical and surgical interest is being arranged on the afternoon of that day.

Further details will be made known by circular and in the *Gazette* in July.

NOEL GLOVER,

Honorary Secretary, Biennial Dinner.

SEPTRIN TACTICS

first

SEPTRIN ensures coverage against all likely bacterial pathogens.

fast

SEPTRIN rapidly obtains effective blood levels with simple twice daily dosage.

decisive

SEPTRIN crushes bacterial resistance with a bactericidal action which differs essentially from that of other antibacterials.

superior against infections

SEPTRIN* Tablets, Adult Suspension, Paediatric Suspension and Paediatric Tablets contain trimethoprim and sulphamethoxazole.

Wellcome

Full prescribing information is available on request.
Wellcome Medical Division,
The Wellcome Foundation Ltd.,
Berkhamsted, Herts.

*Trade Mark.

The Psychiatric Casualty

by A. J. Oldham

Throughout their history hospitals in this country have always needed to face the problem of the patient who presents himself at Casualty with a psychiatric complaint. In the first half of the last century Guy's had its own recovery ward for lunatics so that patients presenting themselves with acute mental symptoms were then able to be admitted on certificate to a building sited near the present Department of Physical Medicine. The Lunacy Act of 1856, ended the admissions of lunatics to hospitals other than recognised County Asylums and the Receiving Ward at Guy's was, therefore, closed. From then until the opening of the York Clinic in 1946, Guy's possessed no psychiatric ward and presenting casualties had to be admitted when necessary to the appropriate London County Council Asylum or Mental Hospital. Over the past few years an increasing interest has been devoted to this general problem—an interest heightened by the emergence of a responsibility by the hospital to arrange treatment for all cases of mental illness in its district. I would like, therefore, to outline here the service which we have been developing since October last year.

The focal point of our psychiatric casualty service lies in a Consulting Room situated in the Accident & Emergency Department. The staff at present concerned are the Emergency Psychiatric Registrar and Senior House Officer, the Emergency Psychiatric Social Worker, and myself. All cases presenting themselves to the Accident & Emergency Department are examined by the Casualty Officers and those with psychiatric problems are referred to the Psychiatric Medical Team for further examination and disposal. Major-General Rogers, Consultant in charge of the Accident & Emergency Department, has arranged meetings every three months between the Casualty Officers and the Psychiatric Emergency Team, at which mutual problems of a clinical and administrative nature can be discussed. At night the three Guy's Senior House Officers in psychiatry form a duty rota on call for all psychiatric emergencies including referrals from the Accident & Emergency Department. During the daytime the Emergency Psychiatric Team are on call and referrals made to them by the Casualty Officers. On Tuesday mornings we have a clinical meeting in the Accident & Emergency Department at which all referrals during the preceding week are discussed and at which selected patients attend by arrangement for further consultation.

I have found that the number and nature of patients referred have varied considerably from one week to another. The majority of such patients present themselves for examination but a minority arrive in other ways. About half of the patients seen, after examination, are discharged with a report to their own General Practitioners or are given out-patient appointments for further treatment here. The others may be admitted to the Psychiatric Unit at St. Olave's, the

York Clinic, or dealt with in some other way. Factors indicating immediate admission include acute depression, suicidal ideas and impulses, and acute psychotic and other types of behavioural disorder. Patients living outside the Guy's District are often admitted as "guests" for the night and then are transferred to their district hospital the next day. Such "guesting" arrangements may obviate the necessity for long ambulance journeys at night but before making such arrangements it has been found essential to obtain the receiving hospital's consent for admission the subsequent day. Where symptoms of excitement exist it is usual for the patient to be given a sedative, often in the form of a minor or major tranquillizer, in the Accident & Emergency Department so that the subsequent journey and admission to the Ward can be a peaceable event. Occasionally a patient may refuse admission which on medical grounds seems strongly advisable. In this event admission on a compulsory order under the Mental Health Act of 1959, may be necessary and once carried out will legally sanction the patient's compulsory admission to any bed in the Guy's Group of hospitals. Sometimes the Police bring a patient to the Accident & Emergency Department, either informally or under the authority of Section 136 of the Mental Health Act. In such cases it is our present policy to ask them to leave the patient in the Department and the Sister in charge to give them a receipt for any valaubles held. The patient can then have a routine examination and assessment by the Casualty Officer and by the Psychiatric Team and be disposed of in the manner described. If it is decided to admit the patient, this can legally be done on the compulsory order of Section 136 to any bed in the Guy's Group and the legal order will then remain in force for the remainder of the day of admission and for the subsequent two days.

The range of mental disorders seen in the Accident & Emergency Department is great and the symptoms noted are often florid and unaltered by medication. The clinical experience to be got from this service, therefore, is in my view, of great merit to staff and students alike.

For any well-organised medical service assessment, often of a multi-disciplinary type, it is an essential factor not only to ensure the correct diagnosis and treatment, but also to exclude unnecessary admissions with their attendant wastage of professional time and money. It is important clearly to distinguish this type of acute assessment service from an emergency out-patient clinic or "Walk-In Clinic". This latter service enables referrals from general practice to be seen by the patients presenting themselves with their doctor's letter without appointment. Considerable service, staffing, and financial implications are implicit in this and I wish, therefore, to emphasise that our present service is for non-referred casualties "off the street". This type of assessment is a prime need for acute psychiatry as for general medicine and it is hoped that our present efforts will have laid a good foundation for the development of such a service at Guy's.

Everything you wanted to know about + + +

But were afraid to ask

"Experimental Course—Understanding Sex" was the title of the "sexology" course organised by the Students' Club last February; a rather cumbersome title in an attempt to be unambiguous.

Despite the title, the course was well attended and even Martin Cole's film managed to attract a more than trivial audience, although one Hospital Department was notably absent.

At the end of an extra curricular educational spree the question "was it worthwhile" is always asked and judging by the response from the evaluation forms, the answer is resoundingly "yes".

The course will, I hope, not be a once-in-a-lifetime affair, for there are many areas in medical education where current teaching falls pitifully short of current thinking. It is even conceivable that the currently somnolent medical education committee might organise future courses.

Luckily the course only needed to be a stop-gap, for the so-called new second M.B. course contains three lectures in the psychology of sex. It has been pointed out that this is only the beginning but it may well just be a full stop. (With apologies to T.G.)

An analysis of the evaluation forms completed by some of the participants and collated by the Family Planning Association, is outlined below.

Tim Goulder.

Analysis of Students' Evaluation Forms

The total attendance is unknown as there was no registration for the course and not all students were able to be present at all lectures or to remain for discussion groups.

89 Evaluation Forms Returned

Objectives:

1. To supply factual information on salient aspects of sexuality.
2. To help course members to become aware of, and sensitive to sexual problems which may be presented by patients directly or indirectly.
3. To suggest measures which may be taken to ameliorate patients' sexual difficulties.
4. To become conscious of the relationships between physicians' own attitudes on sex and the care they give their patients.

Did the course meet the objectives? "Yes" : 80 "No" : 9
If not, why not?

Criticism

1. Not factual enough — too subjective (2)
3. Objective not attained (2)
4. Not specific enough (2)
   Man, as spiritual being was not recognised.

Appreciation

Course well worthwhile and worthy of enlargement.

1. Was content of Lectures.

(a) Specific enough? YES : 50 NO : 39

Criticism

1. Not enough factual discussion
2. Not in factual discussion

Appreciation

1. In time available
2. General content of lectures made for interesting and entertaining listening

(b) Factual enough? YES : 44 NO : 55

Criticism

1. More experimental data needed
2. Not enough emphasis on actual treatment and advice to give . . . . relative success of various treatments and advice.

Appreciation

1. In the time allowed, yes

(c) Myth dispelling? YES : 53 NO : 28 No answer : 8

Criticism

1. Few myths survive in medical school
2. Myths elegantly aired, but **most** of us had previously heard of them
3. I had none of these myths but maybe I hold others that weren't dispelled
4. Some mention of IQ values and their correlation with myths belief.

Appreciation

1. Sufficiently
2. Very
3. In general yes

(d) Attitudinally helpful? YES : 67 NO : 8 No answer : 10

Criticism

1. I would have liked more information about sexual roles. I'm rather confused about my emotional conditioning and what expansion of liberations are really feasible.
2. Sometimes I hope I only imagined our lecturer's prejudice against men—but I didn't like it.

Appreciation

1. Good presentation of speakers' own attitudes
2. Helped to consolidate ideas and attitudes
3. To some people—I agreed with what was said beforehand
4. Thought had been given to define attitudes which is generally lacking in the environment.

DO YOU SUFFER ?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help !

BROMLEY OFFICE SUPPLIES

22 NORTH STREET, BROMLEY, KENT

01-460 2257

2. Was anything omitted which you think should have been included?

YES : 26 NO : 31 No answer : 32

Criticism

1. Homosexuality not adequate
2. A more logical series of lectures on specific problems, their diagnosis and treatment would be a good idea later
3. More specific information re RX of specific problems, referrals, and situations which confront a G.P.
4. Yes, but perhaps not things which can be dealt with in a massive lecture theatre
5. Premarital problems—the course seemed to concentrate on the married state
6. More detailed study of factors affecting development and manifestations of sexual attitudes during childhood and adolescence
7. A little more on other deviations except homosexuality

Appreciation

1. I can't think of anything
2. A good introductory course (see opposite)
3. Reasonably comprehensive
4. Oh no!
5. To have included anything more would have involved curtailing the subjects which were necessary
6. It would be super to have individual tuition which we all need

3. Was anything superfluous to your needs?

YES : 17 NO : 46 No answer : 26

Criticism

1. Everything in this topic is important but being male, the role of women in medicine and marriage I thought was superfluous
2. Some medical facts already known
3. Homosexuality
4. The stressing of women's liberation—the audience were sensitive to this already
5. Most of lectures 1 and 2. Talk on possible aetiology of homosexuality interesting but not relevant to my own future. I already knew a lot of the general background and the same goes for some of my friends who came
6. Yes, but very amusing

4. Were the discussion groups helpful in extending your thinking?

YES : 20 NO : 13 56 did not attend groups

Criticism

1. I think they tended to digress from the topic under discussion and more guidance would have been helpful
2. The group was too big to be personal enough and the real questions weren't asked
3. I think we were assumed to be more naive and prejudiced than in fact is the case
4. Talks more helpful than discussion groups although I'm surprised at this
4. The first one on homosexuality was not stimulating

Appreciation

1. I wish we could continue the discussion groups—sex is relevant to everyone and I felt that the people who chose to stay were willing to talk
2. They helped to clarify my thinking around a lot of the points raised. The FPA members were very good sources of inspiration and information
3. Oh, my, yes!

5. Do you think you will be able in the future to be receptive to the problems which patients may present?

YES : 74 NO : 5 No answer : 10

Criticism

1. Not perhaps **more** receptive—but the talks were very interesting all the same
2. Not much more so than before the course
3. There are still subjects I am blank on
4. The lectures could perhaps be more orientated to problem solutions and treatment
5. Did not provide specific information on how to deal with problems which might arise in our future careers
6. May I say that what you have said of your personal lives does not correlate logically with the views that you have given as experts in your field?

Appreciation

1. The possibilities of problems have become clear and my approach will be suitably broadened
2. If people can talk frankly about their problems
3. I think so but reception is a matter of personality. I'm not sure how much I will be able to help people
4. Yes, but inevitably one will impose one's own views on patients to a certain extent
5. Perhaps **more** receptive — but experience is important
6. The course was excellent introduction to the concept of sexuality and primarily thought provoking
7. It helps to appreciate others' problems are not so different from one's own
8. I shall now be alerted to a possible sexual problem and venture to discuss more about it
9. Future G.P.s should be given more advice on this kind of counselling
10. Yes, but such courses should be run over a more extended period and ought to be a feature of medical courses

Summary

A valuable experiment—in the main successful (ref. majority agreement that objectives had been attained).

Obstacles to complete success were :

(a) Lack of time.
(b) An assumption by course organisers that the students' knowledge of the physiology of sex was well grounded.
(c) An assumption by the FPA that students were likely to believe established myths and old wives' tales—in fact none appeared to have any belief in a sexual mythology.
(d) Too much on attitudes (Guy's students seem to be unworried about their own attitudes)—not enough useful facts, especially the RX of treatment for sexual dysfunction.
(e) Superfluous to preach on women's liberation—this is accepted.
(f) Students' own experience in group dynamics, as they tried to confer a tutorial role on the group leaders.
(g) Not all students were able to attend all lectures or remain for discussion groups.

Conclusions

The majority of the students enjoyed the course, some found the group work useful and most of them consider that they are likely to be more sensitive in the future to the sexual problems overt or covert, that they may encounter in their professional lives.

It is apparent that teaching about sexuality though in greater depth, would be a welcome part of the regular curriculum.

HIPPOCRATES OF COS (460-379 B.C.)

This great Greek physician is often referred to as the Father of Medicine and yet very little is known of his life. A few references to Hippocrates of the family of Aesclepians (the guild of physicians named after Asklepios the God of medicine) are found in the writings of Plato and Aristotle but no other documents of his life remain. He lived in the golden age of Greece with people like Thucydides, Sophocles, Plato, Socrates and Pericles as contemporaries; after studying at the school of medicine on his native island of Cos, in the Aegean, he travelled widely making trips to Alexandria, Persia and Athens before settling down to practice in Thessaly.

About 60 years after his death a collection of 50-70 books in the library of Alexandria were put together and called the Corpus Hippocraticum, no one knows actually how many of these books were written by Hippocrates himself but it is safe to say that a few of them were written by him and the rest of them embody the principles he himself taught.

Hippocratic writings were influenced by the idea of a four humor physiology—blood, phlegm, yellow and black bile originating in the heart, brain, liver and spleen respectively—which held sway up to the beginning of the 16th century. Hippocrates pioneered the idea of medical geography by attributing some diseases to the climate of the country upsetting the natural humors of the body and causing a dyscrasia (or improper balance of the humors). This dyscrasia was treated by aiding the healing powers of nature with special diet; and according to Hippocrates the role of the physician was only to assist nature and not direct it. More violent means for elimination of a disease such as blood letting, purging and vomiting were only rarely used by Hippocrates and his materia medica consisted of some cathartics and sedatives and very few other drugs.

In his books Hippocrates only deals with acute diseases such as pneumonia, tuberculosis, puerperal fever, anthrax, mumps and malaria; he considered chronic diseases only as sequels of acute diseases; he classified diseases as being either acute or chronic and epidemic or endemic. As a physician he was primarily interested in prognosis and treatment and not the diagnosis of disease which was a reflection of the times when a physician's reputation and financial position depended on his success at curing his patients. However, he insisted in his teachings that his pupils always observed the whole body and not just the lesion of a specific part. In clinical examination he used palpation and inspection of the chest coupled with a crude kind of auscultation called succussion which consisted of shaking the patient and listening for fluid.

Like all great physicians he was free from jealousy and would teach his art to any student who wanted to benefit, he was also a great patriot and refused the lucrative position as court physician to Artaxerxes, king of Persia who was challenging Grecian territories in Asia Minor. He divorced medicine from its previous position of being practised by philosophers and priests though after his death

physicians returned to speculation about the nature of disease and the ability of God to control all disease. Over the years he has come to embody the eternal values of the medical profession, a readiness to help, purity of life, kindness, patriotism, skilfulness and many other things.

Perhaps he is most remembered for the Oath named after him which is still sworn by medical students on qualifying in some countries, it helped lift medicine to the status of a learned and noble profession by its lofty tone and high ethical precepts. I will end this short article on a truly great doctor by the first quotation from his book of Aphorisms. "Life is short, the art is long, opportunity is elusive, experience is fallacious, judgment is difficult."

Rodger G. C. Martin.

POEM

Assential Man

We are born and scream our presence
Then to school and boring lessons
Growing up brings adolescence
Living, loving, a short-lived pleasance
Growing old soon brings seresence
Swiftly follows absolescence
Ilness pain and convalescence
Soul departs in acquiescence
The grave awaits in shady crescents
And that is man — in essence.

M. Pollock.

CORRESPONDENCE

"Knights Away" and "Yet More Knights Away"

SIR,—May I as a Guy's man comment further on R. E. Smith's articles in your issues of 16th March and 25th May to add yet another Guy's Knight, namely Surgeon Rear Admiral Sir William Wenmouth Pryn.

Whilst at Guy's Sir William became a gold medallist in Surgery in 1880 and held appointments of House Surgeon and Resident Obstetrician before joining the Royal Navy in 1886. He was Assistant to the Medical Director General from 1906 - 10, Fleet Surgeon and later Deputy Surgeon General. He was Surgeon Rear Admiral, Plymouth, from 1917 - 19, was appointed Companion of the Bath in 1918 and was Knighted K.B.E. in 1919. He died in 1942.

Incidentally all Sir William's three sons were Guy's men and joined the R.A.M.C. My two uncles were killed in their prime whilst serving with the Colours; however, my father, long since retired, served a distinguished and full career in clinical surgery; Sir William's great-grandsons now aspire to become fourth generation Guy's men.

Long live the Guy's tradition.

Yours faithfully,

Colonel W. J. Pryn, O.B.E., F.R.C.S., BILL PRYN.
Military Hospital,
Delhi Barracks, Tidworth, Hants.

NURSING

Nurses' Education

One of the numerous reasons for the present unrest amongst nurses, is the inadequacy of the training facilities in many hospitals, and it constitutes one of the improvements in conditions which are being requested.

As a preliminary step towards this, the Secretary of State has announced that the implementation of the Briggs Report should be permitted, a move which has been awaited for two years. The proposal does of course appear acceptable, but is the form of training therein advocated, either possible or likely to improve the present situation?

The training of nurses is one of the most emotive subjects, since it appears that every member of the profession has her own idea as to how it should be conducted. Not surprisingly, there are extremes of opinion. At one end are those who feel that no nurse should spend any time at all away from the wards, and at the other, are those who consider that very little if any time should be spent in them. It does of course take little imagination to appreciate to which branch of nursing the different opinions belong. However, there are those who steer a middle path, and are concerned about the fact that patients require care, and nurses have to be taught how to administer it. To equate the two is often not an easy task.

One complaint of student nurses, is that they do not receive sufficient instruction whilst working in the wards, and in many instances this is true. Unfortunately however, with the present numbers of teachers it is not likely to improve even with the proposed method of training. It surely then is necessary to consider how improvements can be made in order to contend with the situation when it arises.

One way in which ward sisters could be helped, would be for clinical teachers to be based in wards as a permanent member of the staff. This would give more continuity, and the opportunity to develop a working relationship which at present is very often lacking, with the result that the ward sisters regard the teachers as another pair of hands, and they in turn become very disillusioned. Secondly, tutors should specialise in the subject about which they have most knowledge, thus eliminating the necessity to teach material about which they have little experience or information. Thirdly, many ward sisters would be more confident about teaching if they had more faith in their own ability, and a short course in this would probably prove more helpful than some of the management courses which are currently available, and frequently irrelevant.

It is very evident, that in many instances nurse teaching is inadequate. It is frequently repetitive and bears little relation to reality. As a result, students become disenchanted, and their work suffers.

Unless very careful thought is given to the matter, it seems clear that nurse education is going to consist of more subject matter being disseminated in less time, in an inadequate manner and that it will become less relevant. This will mean a continuance of the downward trend in standards of care, and less comfort for the patient.

SPORT

SPORTS COMMENTARY

In spite of the majority of the hospital having to face an examination onslaught many of the Sports Clubs have been busy—particularly nice to see is the Ladies' Tennis Club having fixtures most weeks and winning many of them. Bad luck to them on going out of the Hospitals' Cup against St. Bartholomew's by the narrow margin of 5—4. Another Hospitals' Cup disaster was that of the Cricket Club who went out by forty-five runs to St. Mary's in their first round match. An ill-timed car breakdown resulted in some of the team being delayed, which was a pity as the opposition had sixty runs on the board in the first eight overs. Regrettably neither Andrew Harris's brave 68 nor John Wright's hat-trick could save the game. A more social match against St. Mary's was staged by the Snooker Club who won convincingly in their first-ever fixture. Good that at least one club has an unbeaten record!

Finally two general points—firstly any Sport's Club feeling that it is not getting enough publicity might let the Sport's Correspondent know; secondly Steve Evans (Social Secretary) wants to know who wants "Hops" when next term, so send him those forms back as "toute suite" as possible.

University of London Purples Awards

Six Guy's sportsmen received Purples at a reception held for Purples, Laurels and Honorary Life Memberships at the University of London Union on 20th May, 1974. Purple is awarded only to those University Sportsmen who have played in over half their fixtures and who have maintained a consistently high standard of sport.

Summer season 1973

C. P. Stuart-Bennet	Full	U.L. Boat Club
K. Dawkins	Full	Rifle U.L. Small Bore
D. Nutt	Half	U.L. Badminton Club
J. A. Pain	Half	Rifle U.L. Full Bore

Winter season 1973/1974

C. Archer	Full	U.L. Association Football Club
I. Phoenix	Full	U.L. Hockey Club

Charlotte Cavanagh

Golf Society

Students vs. Consultants at Huntercoombe G.C. Saturday, 6th July, 1974.

Blues

At the last meeting of the Blues Committee the following awards were made:—

Rugby Football Club	
R. Fitton	Full
R. Yetton	Full
R. Massey	Full
A. Cooke	Full
J. Harker	Half
M. Phillips	Half
B. Hagan	Half
J. Brazier	Half
Boat Club	
F. Moorhouse	Full
J. Burgess	Full
D. Wright	Half
T. B. Barnes	Half
Squash	
A. Kingon	Half
R. Kirschen	Half
Tennis	
D. MacPherson	Half
Swimming Club	
G. Abrahamsohn	Half
R. Bowering	Half
Hockey Club	
G. Sparrow	Full
C. Hendy	Half
P. Hodgkinson	Half
J. Vafidis	Half
J. Horton	Half
Association Football Club	
J. Ramsey	Full
G. Barker	Full
K. Brame	Half
T. Underwood	Half

I. J. MACKENZIE
Secretary, Blues Committee.

SNOOKER

A Guy's First

On Tuesday, 11th June, history was made at Guy's with the first Inter-Hospital snooker match—with St. Mary's providing the opposition. It was agreed to play seven singles and seven doubles matches, each of one frame.

Guy's began well with singles victories for R. Cording, P. Titchin, P. Nightingale, A. Greenwood, D. Allison and N. P. Huntmany by convincing points margins. All games were played with a good deal of atmosphere, spirit and gamesmanship—the latter of which played a vital part in the result of the final singles game.

Following the interval, after which fluid balance was regained, unfortunately the standard of snooker tended to be reduced, with St. Mary's staging something of a "recovery" taking the final two doubles games.

Overall Result. Guy's 11 St. Mary's 3.

Thanks must go to Pat White for his work in preparing the tables so impressively, and to the Guy's supporters for the pre- and post-match "banter", all of which contributed to a highly successful and enjoyable evening, and I'm certain it will not be the last snooker match played in the bowels of the East Wing.

Team:—N. P. Hunt (capt); R. Cording, P. Titchin, P. Nightingale, A. Greenwood, D. Allison, D. Lindsay, S. Killick.

N.P.H.

ATHLETICS

Inter Hospitals Athletic Championships,

Saturday, 1st June, at Motspur Park

Won: Guy's 114, St. Bart's 81, Westminster 78, London 59, St. Thomas 11.

Guy's fielded a relatively strong team on the day, although several very good athletes were missing for various reasons.

The weather was hot and the competitive atmosphere was even hotter, as a few hospitals seemed to have larger teams than our own of nine. After providing keen competition in many events it was found that the Royal Free were no longer members of U.H. and therefore could not win the shield. However, their individual members continued to compete and would probably have come second overall to Guy's.

At the half-way stage of the competition the scoring was close and with the Westminster, Bart's and Guy's all doing well. Our fortunes increased after this due to team effort, as we continued to enter two men for every event possible, and doing well in many of them.

Roger Nichols competing in his fifth U.H. Championships again proved a vital team member running hard in the 100, 200 and 400 metres and coming 3rd, 1st and 3rd respectively. Probably the hardest worker of the day was Bob Forber who was in eight events, and just kept on running. He was even said to have competed in the Triple Jump on his way round to coming a very close second in the 400m hurdles! He was also second in the Javelin and fourth in the Triple Jump and 110m. Hurdles.

In the 100m, Tony Portelly was a fast second, and supported Simon Caley well in the field events. Simon Caley again proved his consistency by winning the Discus and Hammer, and coming second in the Shot, and fourth in the Javelin. Andy Johns was our "long distance man" and run courageously to come third in the gruelling 2,000m steeplechase, and fifth in the 1,500m.

A Guy's supporter, Lester Pigot got too near the track and found himself in the 2,000m Steepelchase. He ran a determined race to finish fifth. We hope to see him again!

It was good to see Barry Jones again turning out for Guy's and boosting our morale when we thought we were a bit short of athletes. He finished fourth in the 400m Hurdles and fifth in the 800m. Simon Downs came a good third in the 800m and ran a fast 400m leg in the Relay.

The new skipper, Chris McLauchlan, finished first in the Long Jump (jumping over 20 ft.); second in the 200m and the 110m Hurdles, and fifth in the Triple Jump. He was also second in the High Jump to a Royal Free man who cleared over 6 ft. to break the event record.

In the Relays, Guy's again did well coming second to Royal Free in the sprint relay (team—A. Portelly, R. Forber, C. MacLaughlan and R. Nichols); and first in the 4 x 400m relay (team—A. Portelly, B. Jones, S. Downs and R. Forber.)

So it was with great relief that we heard the final result that we had won the enormous shield again. The Medical School office were also quite pleased, as the shield almost covers one wall. I hope the club will continue to win this event by getting *enough* talented people to compete and support.

C.A.J.M.

Next match. Tuesday, 18th June.

22nd June—Relays at Bart's—(Chislehurst).

MEN'S TENNIS

Tennis Report—May

Since the last edition of the *Gazette*, the Tennis Club has been on tour up to Cambridge, has played three more league matches and also a friendly against the Medical Sickness Society.

The Cambridge tour got off to a poor start when transport in the form of a Morris convertible arrived an hour late in the East Wing and then proceeded to Cambridge with the hood down with Richard Knight alternately shivering with cold and damp amidst reassurances of "it's only a shower."

Arriving in Cambridge at 2.15 p.m., we arrived at Fitzwilliam College ground and five of the team started playing while Rex Yetton went off to get some lunch. On his return at 3.45 p.m., Guy's were leading 3—2 and the rain finally set in for the afternoon; play was continued indoors at 16p a pint and MacKenzie and Macpherson were able to beat the opposition at a game of 301.

After a good night's rest and a noisy ale at the Tickle Arms, we wandered on to court against Pembroke College on the Sunday afternoon. Unfortunately the Cambridge College were missing their two best players and so were only able to put up token opposition—beating us 5—4. An excellent weekend was enjoyed by Nigel Bullock, David Macpherson, Chris MacKenzie, John Dixon, Rex Yetton and Richard Knight—still shivering.

Back to London we played U.C.H. in the League; having missed the turning off to their ground, we proceeded up the M1 with Chris MacKenzie demanding petrol money. However, for anyone else who finds himself heading north up the M1, trying to get to U.C.H.'s ground, if you turn off at the first services, you can cross over to the South-bound lane again. The match was eventually lost 4—5, despite Chris MacKenzie's noble effort of winning his singles 6—4, 7—9, 12—10 after 2½ hours, having had match points at 6—4, 5—2, after only three-quarters of an hour.

The friendly against the M.S.S. was played on a damp, cool evening at H.O.P. and both sides were content to resort to the bar as darkness drew in prematurely, calling the match an honourable 4½—4½ draw.

Next we played Bart's in the league and after that came the Westminster down at Cobham.

After a number of mishaps with transport and players the match was eventually started at about 4 p.m. The first pair Nigel Bullock and David Macpherson won their match 4—6, 6-3, 6-3; the second pair, Chris Kelsey and Mike Chan disposed of their opposition 6—3, 6—2, and the third pair John Southgate and Miss—note Miss—Pat White won easily 6—3, 6—1.

Nigel was beaten in his singles but David, Chris, Mike and John all won theirs. Miss Pat White—our sincerest thanks for stepping in at the thirteenth hour—having fought off eleven males all afternoon, was eventually defeated in her singles, after a noble struggle 1—6, 6—0, 1—6.

In the next week or so, we have further league matches against the Royal Vets and St. Thomas's and also a Hospitals' Cup match vs. The Royal Dentals.

D. W. Macpherson (Half-Blue)

LADIES' TENNIS

Guy's vs. Bart's II

18th May, 1974. Guy's won 9—0

Playing their first match on grass at H.O.P. in ideal conditions Guy's continued their unbeaten run of successes with an easy win over Bart's II team, the first three rubbers being won for the loss of only one game.

Guy's first pair—Anne Dudeney and Janet Mason were tested a little harder by Bart's second pair before winning 6—3, but easily defeated their opposite numbers 6—1.

Margaret Long and Sally Mitton playing together for the first time soon established an effective partnership, winning their matches 6—0, 6—1, 6—1.

The third couple, Sarah Perfect and Pat White, also a new pairing won their first two matches without the loss of a game, but their concentration wavered temporarily when playing their own pair whom they defeated 6—2.

This was an enjoyable match which hopefully will encourage the team for its meeting with Bart's I in the Hospitals' Cup Competition.

P. W.

Guy's vs. U.C.H.

22nd May, 1974 Guy's won 8—1

Using yet another team combination Guy's again managed to win convincingly, even providing a sixth player for University College Hospital.

Margaret Long and Sally Mitton, having been promoted to first couple, won two matches and were given a walk-over by the U.C.H. second pair who had already been defeated by Guy's second and third couples.

Ann Rothman and Pat White won all three matches, while Lou Broughton and Anne Dudeney narrowly lost to the U.C.H. first couple.

The tennis on this occasion was not inspiring but thanks are due to Alison Buckley who kindly agreed at 3.00 p.m. to play for the opposition and thus enabled a full match to be played.

P. W.

United Hospitals' Cup. Semi-Final—Guy's vs. Bart's.

5th June, 1974. Guy's lost 5—4.

Having for the first time in recent history reached the Semi-Final of this competition, Guy's were narrowly defeated by Bart's, the holders for the previous four years.

The first and third couples each won two matches, but the second pair were unlucky to lose two close matches 7—5.

The team are to be congratulated on their enthusiasm and the willing sacrifice of their valuable time for practices (has this ever happened before —a ladies' team practice?) which augers well for next season.

P. W.

Team:—Anne Dudeney and Janet Mason; Sarah Perfect and Pat White; Margaret Long and Sally Mitton.

United Hospitals' Cup

2nd Round St. Thomas' vs. Guy's Guy's won 7—2

Team:—Anne Dudeney and Janet Mason; Louise Broughton and Margaret Long; Alison Buckley and Pat White.

St. Mary's vs. Guy's Guy's won 6—3

Team:—Louise Broughton and Sally Mitton; Ann Rothman and Sally Rothman; Jill Harrison and Pat White.

Guy's vs. Bart's II Guy's won 9—0

Team:—Anne Dudeney and Janet Mason; Margaret Long and Sally Mitton; Sarah Perfect and Pat White.

Guy's vs. U.C.H. Guy's won 8—1

Team:—Margaret Long and Sally Mitton; Ann Rothman and Pat White; Anne Dudeney and Louise Broughton.

Guy's vs. Royal Free Hospital Cancelled.

United Hospitals' Cup Semi-Final Guy's lost 5—4

Team:—Anne Dudeney and Janet Mason; Sarah Perfect and Pat White; Margaret Long and Sally Mitton.

Guy's vs. St. George's Cancelled.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Junior Staff Appointments 1974-75

Applications are invited for the following appointment to the Junior Staff of the Medical School, for the session 1974-75, commencing 1st October, 1974.

Forms of application are obtainable from, and should be returned to the Dean, not later than **20th July, 1974.**

Medicine Junior Lecturer 1

GUY'S HOSPITAL

Applications are invited for the following house appointments due to begin on 1st September, 1974. Forms of application are obtainable from and should be returned to the Clinical Superintendent, not later than **12th July, 1974.**

The Post-graduate Sub-Dean, Dr. Knight, and the Clinical Superintendent, will be available between 1.00 p.m. and 2.00 p.m. on Wednesday, 3rd July, in the Senior Common Room, Guy's House, to give advice on applications for House Appointments to anyone requiring it.

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

GUY'S HOSPITAL

House Physicians (3)
House Surgeons (3)
Throat and Ear House Surgeon (1)
Gynaecological House Surgeon (1)
Genito-Urinary House Surgeon (1)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere.

House Physician (1)
House Surgeon (1)

ST. OLAVE'S HOSPITAL

House Surgeon (pre-registration) (1)
Preference given to second six months candidate

House Physician (pre-registration) (1)
Preference given to second six months candidate

NEW CROSS HOSPITAL

House Physicians in General Medicine with Rheumatology and Geriatrics (pre-registration) (2)

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

BECKENHAM HOSPITAL

House Physician (1)
House Surgeon (1)

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Thomson (1)
House Physician to Dr. Eliot, Dr. Colover and Dermatology (1)
House Surgeon to Mr. Williams, Mr. Park, Mr. Candy and Mr. Stoker (1)

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases (1)

LEWISHAM HOSPITAL

House Physician to Dr. Llewellyn-Smith (1)
House Surgeon to Mr. Le Brun (1)
House Surgeon to Mr. Cavendish (1)

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Thomson and Dr. Mallinson (1)
House Surgeon to Mr. Candy and Mr. Stoker (1)

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and Mr. Glasspool and Dermatology (1)

PEMBURY HOSPITAL

House Surgeon (1)
House Physician (1)

ST. HELEN'S HOSPITAL—HASTINGS

House Physician (1)

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the posts of **Resident Senior House Officer in Anaesthetics** (3) from 1st September, 1974 for a period of six months in the first instance.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of 3 **Casualty Officers** (Resident) (Senior House Officer Grade) at Guy's Hospital for the six months period commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Resident Paediatric House Physician** (Post-registration) at the Evelina Children's Hospital for a period of six months commencing 1st October, 1974. The post is recognised in the DCH and consists of four months medicine and two months surgery.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Resident Paediatric House Physician** (Post-registration) at tht Evelina Children's Hospital for a period of six months commencing 1st August, 1974. The post is recognised in the DCH and consists of four months medicine and two months surgery.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT as soon as possible.

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Senior House Officer** (Resident) **in Gynaecology** at St. Olave's Hospital for a period of six months commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Resident Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) for a period of six months commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Resident Obstetrician** (S.H.O. Grade) for a period of six months commencing 1st October, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the two **Senior House Officer** posts in Psychiatry at St. Olave's Hospital (Resident) for the six months period commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of post-registration **House Physician** (Resident) to the Department of Paediatrics at Guy's Hospital for a period of six months from 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of parti-time non-resident **Paediatric Casualty Officer** (*Senior House Officer Grade*) at the Evelina Children's Hospital of Guy's Hospital, commencing as soon as possible until 28th February, 1975. Six morning sessions, salary 7/11ths of the full-time rate.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT as soon as possible.

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of resident **Senior House Officer (Medical)** to the Renal and Transplant Units to commence on 1st September, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Senior House Officer** (Resident) to the Rheumatology and Rehabilitation Unit at New Cross Hospital for a period of six months commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Resident Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital commencing 1st September, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Clinical

Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Resident Senior House Officer** in Neurology for the six months' period beginning 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Senior House Officer** in Dermatology (Resident) for the six months' period commencing 1st September, 1974.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Resident Senior House Officer** in the Department of Psychological Medicine (3 posts) commencing 1st September, 1974, for a period of six months.

Applications, together with the names of two referees, should be sent to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the post of **Locum Resident Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) for a period of three months commencing 1st September, 1974.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

SOUTH-EAST THAMES HEALTH AUTHORITY AND LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (T)

GUY'S HOSPITAL AND BEXLEY HOSPITAL

Applications are invited for the post of **Registrar** in Mental Illness to the above authorities to be held at St. Olave's Hospital in the first instance. The post provides experience in all aspects of a district psychiatric service.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT as soon as possible.

SOUTH-EAST THAMES HEALTH AUTHORITY AND LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (T)

Applications are invited for the appointment of a **Senior Registrar** in Anaesthetics under the exchange scheme between Guy's Hospital and the South-East Metropolitan Regional Hospital Board.

The post is a three-year appointment and rotates between Guy's Hospital, Greenwich Hospital and the Regional Cardio-Thoracic Centre at Woolwich, one year being spent at each Hospital. Experience will be obtained in all branches of anaesthesia and the successful applicant will have the opportunity for research. Further information may be obtained from the hospitals concerned.

Application forms are available from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM A.H.A. (T)—GUY'S HOSPITAL/ ST. THOMAS' HOSPITAL AND THE SOUTH-EAST THAMES R.H.A.

Applications are invited for the appointment of **Senior Registrar** in Thoracic Surgery to the Lambeth/Southwark/Lewisham A.H.A. (T)—Guy's Hospital/St. Thomas' Hospital, and the South-East Thames R.H.A. (Brook Hospital) with duties rotating between the three hospitals to commence as soon as possible. The appointment will be made jointly by the bodies concerned.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT, not later than **12th July, 1974.**

LAMBETH/SOUTHWARK/LEWISHAM AREA HEALTH AUTHORITY (TEACHING)

Applications are invited for the appointment of **Locum Senior Registrar** in Thoracic Surgery at Guy's Hospital to commence as soon as possible for a period of approximately two months.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London SE1, 9RT, as soon as possible.

1st June, 1974

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton	Mr. J. G. Ayres *3 months* Mr. C. J. K. Ellis *3 months* Mr. J. J. Oram *6 months*
Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg and Dr. Grahame	Mr. P. T. Calvert *3 months* Mr. G. B. Tobin *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Mr. F. T. Cordingley *3 months* Miss J. M. Krafft *6 months*
Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling	Miss D. B. Carter *6 months* Mr. A. M. Weindling *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis	Miss B. M. Orr *3 months* Mr. D. J. Jones *6 months*
Mr. Lawrie, Mr. Beard and Dr. Winter	Mr. J. Richardson *3 months* Mr. G. W. Bergman *6 months*
Mr. Glover, Mr. O'Flynn and Mr. McArthur	Mr. P. A. N. Hutton *3 months* Mrs. J. M. A. Haworth *6 months*
Prof. McColl, Mr. Rendall and Mr. Bewick	Mr. R. G. Dent *3 months* Miss A. Ouyang *6 months*

Gynaecological House Surgeons

Mr. M. J. O. Coe
3 *months*
Miss A. Z. S. Rohatiner
6 *months*

Throat and Ear House Surgeons

Mr. P. E. Lewis
3 *months*
Miss F. M. M. Rochford
6 *months*

Orthopaedic House Surgeons

Mr. D. J. Bickle
3 *months*
Mr. R. W. Burns
3 *months*
Mr. L. D. Ross
3 *months*

Genito-Urinary House Surgeons

Mr. R. J. B. Bowering
3 *months*
Mr. B. D. Rix
6 *months*

S.H.O. to the Renal and Transplant Unit

Mr. D. B. O'Keeffe
3 *months*
Mr. A. James
6 *months*

Children's House Physicians

Mrs. F. E. Jones
3 *months*
Mr. E. J. Evans
6 *months*

Casualty Officers

Mr. H. A. Goudarzi-Langroudi
3 *months*
Mr. A. J. L. Brain
3 *months*
Mr. M. Stewart
3 *months*
Mr. G. M. A. Heaton
6 *months*
Mr. W. H. Konarzewski
6 *months*
Mr. P. M. Mowschenson
6 *months*

Resident Obstetricians

Mr. S. K. T. Neofytou
4 *months*
Miss. N. Rizvi
6 *months*

Neurological House Physician

Mr. R. E. Clifford-Jones
3 *months*

Dermatological House Physician

Mr. S. P. Hanley
3 *months*

House Physician in Child Psychiatry

Miss M. A. S. Morton
6 *months*

House Surgeons to the Thoracic Unit

Mr. N. Jones
3 *months*
Mr. R. J. M. Pascoe
6 *months*

House Physicians to the Department of Psychological Medicine

Mr. N. C. Bartlett
3 *months*
Mr. P. Buckland
3 *months*
Mr. R. R. N. Carvalho
3 *months*

Resident Anaesthetists

Mrs. G. Ismail
3 *months*
Mr. P. Gartell
3 *months*
Mrs. J. Davis
3 *months*
Mr. D. M. Gillmann
6 *months*

Senior House Officers to Nuffield House

Mrs. S. Rose
3 *months*
Vacant
6 *months*

Children's House Physicians at the Evelina Hospital

Mr. D. Rose
from 1/2/74 — 31/7/74
Mr. J. C. Davis
from 1/4/74 — 30/9/74
Miss J. C. Duffell
from 1/6/74 — 30/11/74

Casualty Officers at the Evelina Hospital—Part-Time

Mrs. G. Sinha
3 *months*
Mrs. M. Victor-Beza
6 *months*

ST. OLAVE'S HOSPITAL

House Physicians	Mr. M. J. Timmons 3 *months* Mr. J. A. Dick 6 *months*
House Surgeons	Miss S. J. Brown 3 *months* Mrs. J. J. Pascoe 6 *months*
Gynaecological House Surgeon	Mr. R. G. Thomson 3 *months*
S.H.O. in Psychiatry	Mr. P. Boyce 3 *months* Mr. A. K. Suri 3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine with Geriatrics and Rheumatology	Mr. T. P. Cutler 3 *months* Miss J. M. Kirkwood 3 *months* Mr. R. M. Rowland 6 *months* Miss W. C. P. Lee 6 *months*
Orthopaedic House Surgeon	See under *Guy's:*
S.H.O. to the Rehabilitation Unit	Mr. M. A. Stodell 3 *months*

BECKENHAM HOSPITAL

House Physician	Msis B. J. Way 3 *months*
House Surgeon	Miss S. E. Comrie 3 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone	Mr. A. E. Brown 3 *months*
House Physician to Dr. Eliot, Dr. Colover and Dermatology	Mr. T. G. Goodridge 3 *months*
House Physician to Dr. Mallinson	Mr. J. P. Lewis 6 *months*
House Surgeon to Mr. Williams, Mr. Park and Mr. Stoker	Mr. D. J. Atherton 3 *months*
House Surgeon to Mr. Williams, Mr Park, Mr. Stoker and Mr. Candy	Mr. C. M. V. Wright 6 *months*

House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. S. J. Doyle *6 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr.H. B. Howard *3 months* Mr. B. M. Young *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Miss T. Richards *6 months*
House Physician to Dr. Roberts	Mr. R. S. Armstrong *6 months*
House Physician to Dr. Llewellyn-Smith	Mr. D. R. M. Campbell *3 months*
House Surgeon to Mr. Lynn Evans	Mr. A. J. Hall *6 months*
House Surgeon to Mr. Ivo Smith	Mr. M. Lim *6 months*
House Surgeon to Mr. Monty	Mr. S. D. Milne *6 months*
House Surgeon to Mr. Le Brun	Mr. C. M. C. Allen *3 months*
House Surgeon to Mr. Cavendish	Mr. J. E. T. Stokes *3 months*

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Thomson and Dr. Mallinson	Mr. G. L. Scott *3 months* Mr. J. M. Haworth *6 months*
House Surgeon to Mr. Candy and Mr. Stoker	Mr. I. Bandak *3 months*
House Surgeon to Mr. O'Flynn	Mr. A. W. Ellis *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and Mr. Lam	Mr. D. M. Preston *6 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Miss C. M. W. B. C. Carter *6 months*
House Surgeon to Mr. Boxall and Mr. Lam	Mr. P. W. Young *6 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. C. A. Bevis *6 months*

PEMBURY HOSPITAL

House Surgeons	Mr. N. L. Bishop *3 months* Mr. B. K. McLeod *6 months*
House Physicians	Mr. J. Strang *3 months* Miss A. M. M. Evans *6 months* Miss S. A. Gallagher *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. C. G. Chinery *3 months* Mr. R. A. Botha *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. N. P. Byrom *6 months*

PASS LIST

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

M.R.C.P.

March, 1974

H. K. C. Fan-Lun
R. A. Gude
J. F. Hill
H. J. Klass
J. D. Mackay
R. M. Weatherstone

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.F.A.
March, 1974

I. T. Campbell
Priscilla L. Pantin

UNIVERSITY OF LONDON

2nd M.B.
March, 1974

J. G. Allen
Stephanie A. Amiel
C. B. Archer
Jane M. Bailey
N. C. G. Bathurst
Lynn M. Bewsey
C. V. R. Blacker
Doron L. Boone
Elizabeth O. Breese
J. E. Bridger
J. R. Britton
N. P. R. Brown
Karen A. Buckell
A. D. Bundock
S. S. Chan
K. A. Collett
I. R. Colquhoun
Elizabeth J. Dalgleish
W. F. De Mello
C. M. C. P. De Sousa
D. E. Dickson
S. M. Downs
Elizabeth M. Dunbar
Helena M. Earl
I. D. Entwisle
K. P. Evans
S. F. Evans
R. G. Evered
K. D. Foote
C. J. Forsyth
E. W. Gaule
Joanna Glover
Barbara G. Glynn
N. M. Goble
Judith M. Godsland
Catherine F. M. Govan
H. B. A. Griffiths
N. J. Hague
A. I. Hammett
Jill S. M. Harrison
A. H. Heagerty
Mary E. Heber
R. G. Henderson
R. O. Hinds
R. M. Hughes
P. C. W. Hunt
Alison W. Hurd
N. R. Ineson
R. M. Ireland
M. A. James
L. J. Jarvis
A. R. Johns
Gillian M. Kahane
V. J. P. Kielty
J. C. Kingswood
Margaret R. Long
P. M. Loxton
J. J. McCarthy
Bryony A.B. McEvedy
C. A. McLauchlan
Anne Manktelow
M. J. Margetts
D. C. Markwell
R. G. C. Martin
Sally G. Mitton
M. L. Moss
C. R. Murch
Anne L. C. Nixon
J. A. Pain
Vivien Pain
T. J. Palmer
Maria J. Parnes
M. G. Pike
A. P. Plumb
B. A. Price
G. D. Prince
L. B. Pritchett
G. H. Rehling
Nicola K. Scott
G. Sengupta
P. F. Shipton
N. D. Slater
Susan A. Staples
D. Stephens
W. A. Sudell
Sandra A. Tootell
S. J. Turley
J. M. Twomey
T. A. Underwood
I. H. Warnell
J. B. Warren
H. Watkin
P. N. Whitehead
Bridget M. Williams
Elizabeth F. Williams
N. R. Womack
D. D. I. Wright
D. J. T. Wright

CHARTERED SOCIETY OF PHYSIOTHERAPY

MAY 1974 FINAL EXAMINATION

First Entry Passes

Miss B. Berk
Miss R. M. Buckler
Miss E. J. Kinder
Mrs. P. A. Simpson, née Boothby
Miss M. W. Snell

Intermediate Examination

Miss J. E. Abraham
Miss P. F. Baron
Miss H. M. Bright
Miss R. J. Buckler
Mrs. A. C. Crocker
Miss E. A. Culshaw (Credit)
Miss B. S. Dunster
Miss G. M. Finch
Miss V. M. Frampton
Miss L. A. Hamilton
Miss S. D. Howard
Mrs. L. M. Jackson
Miss P. A. Lee
Miss S. B. Major
Miss D. D. McCabe
Miss S. M. McCaig
Miss A. P. Messinger
Miss A. S. Pearson
Mrs. F. H. Whittington
Miss A. E. C. Winsor

Preliminary Examination

Mrs. B. M. Bishop
Miss J. H. Boog-Scott
Miss S. M. Born
Miss A. J. E. Boyd
Mrs. P. M. Draper
Miss S. Fairs
Miss G. J. Flook
Miss C. P. Gilchrist
Miss J. Godsall
Miss V. M. Grant
Miss S. A. Habbersfield-Bateman
Miss C. E. Hill (Credit)
Miss A. K. Kingsbury
Miss E. A. Meire
Miss D. J. Middleton
Miss S. J. Peach
Miss D. M. E. Pullen
Miss L. A. Rugg
Miss D. M. Sherwood
Miss J. A. Taylor
Miss J. D. Wyatt-Smith

CHANGES OF ADDRESS

Amendment to entry in issue of 27/4/74: John and Marion Skuse, 3 Oakcroft Road, Blackheath, London SE13 7ED—Tel.: 852 5505.

Dr. G. H. Anderson, Director of Cytopathology, Pathology Institute, Halifax, Nova Scotia.

Dr. and Mrs. A. H. Douthwaite, Quarries, Itchingfield Horsham, Sussex, RH13 7NY. Tel.: Slinfold 247.

Stanley P. Meacock, 1, Church Close, Bishops Itchington, Warwickshire, CV33 0QH. Tel.: 612840:

C. P. Rodseth, M.Sc., M.C.S.P., 12, Mariendahl, Boundary Road, Newlands, 7700 Cape, South Africa.

DEATH

Mr. Harold John Powell, L.D.S., R.C.S.Eng., on 14th June, 1974, aged 78. Mr. Powell qualified at Guy's in 1917.

PERSONAL

DEATH VACANCY: Semi-detached house established nearly 40 years as Dental Practice. Private and N.H.S. In excellent professional/residential position yet only 200 yards from main shopping centre in Streatham. Ample scope for expansion. Surgery, waiting room, morning room, kitchen, five large bedrooms, one bathroom, separate W.C., two box rooms (3 floors in all) plus 4 cellars, one being X-Ray Dark Room. Freehold, Goodwill and Equipment £29,000. Box 1/5.

LARGE self-contained furnished flat in Gorgian House on 20 acres near Sidcup, 13 miles London—5 Beds., Drawing Room, Dining Room, Bath, Kitchen—ample Garage accommodation, £27 per week. Telephone: 01-300 2347.

TRAINEE vacancy in unspoilt Welsh border country town. Two partners (Guy's) 47 and 28.
G.P. maternity and medical beds. E.C.G. geriatric and paediatric sessions.
Day release for study—equal off duty. Two bedroom flat available.
Drs. St. John Penney and N. C. B. Howell, Bishop's Castle Shropshire.

WANTED: Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Phone: Farnborough (Kent) 58530, evenings; 01-407 7600 Ex. 357 daytime.

PAPERS BY GUY'S MEN

Ashley, F. P., Naylor, M. N. and Emslie, R. D. Clinical testing of dicalcium phosphate supplemented sweets—2. **British Dental Journal,** 1974, **136,** 418.

Atkins, **Sir,** H. Treatment of breast cancer. **Proceedings of the Royal Society of Medicine,** 1974, **67,** 277.

Bannister, J. H. Forebrain structure in Phoxinus phoxinus, a teleost of the Cyprinid family. **Journal fur Hirnforschung,** 1973, **14,** 28.

Barkhan, P. Blood and neoplastic diseases: other purpuras. **British Medical Journal,** 1974, **2,** 376.

Barlow, S., Sullivan, F., McElhatton, P. and Morrison, P. Cleft-palate teratogens (correspondence). **Lancet,** 1974, **1,** 879.

Berry, C. L. Incidence, nature and etiology of malformations of the heart in man. **Proceedings of the Royal Society of Medicine,** 1974, **67,** 353.

Bickle, D. J. Cars or chairs? (correspondence). **British Medical Journal,** 1974, **2,** 387.

Calin, A., Grahame, R., Tudor, M. and Kennedy, L. "Ankylosing rheumatoid arthritis" Ankylosing spondylitis and HL-A antigens (correspondence). **Lancet,** 1974, **1,** 874.

Dowling, R. H., Mok, H. Y. I. and another. Chenodeoxycholic acid and the liver (correspondence). **Lancet,** 1974, **1,** 875.

GUY'S HOSPITAL GAZETTE

EDITOR	T. B. BARNES
ASSISTANT EDITOR	C. E. HANDLER
NEWS EDITOR	P. TILLMAN
SPORTS CORRESPONDENT	A. M. KINGON
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
PHOTOGRAPHER	S. J. TWIGGS

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2236

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"Getting rid of Private Patients will improve staff morale. This is the beginning of the end for Private Patients".

Thus spoke Mr. Alan Fisher, General Secretary of the National Union of Public Employees following the recent action of N.U.P.E. members at Charing Cross Hospital. Although an uneasy truce now exists between the Consultants and militants there can be no doubt that the National Health Service is in a state of severe crisis and the recent trade union actions have brought resolution no nearer but merely increased the tension between all those who are working toward the care of the patient.

The time has now come for the N.H. staff, especially those at Guy's, to realise that the unions are no longer fighting for better pay and conditions but are now fighting for political principles and ideals —namely the removal of the private sector from the N.H.S.

Public sympathy has been one of the greatest assets to Nurses when their pay claims have been given the publicity they deserve and C.O.H.S.E. has deliberately used the publicity value of the nursing profession to further its own interests which are not necessarily those of the nurses. The image presented by those supposedly representing the nurses is less that of a dedicated responsible profession and more that given by the miners when determined to bring down the Government of the day.

Whether private patients are phased out of the N.H.S. is a matter for the duly elected government to decide and should not be determined by N.U.P.E., C.O.H.S.E. or any other union with political aspirations.

We are now of the opinion that further strike action within the N.H.S. can have only deleterious effects and that all those genuinely interested in maintaining and improving our so called "envied" health service and all those who have the patients' interest at heart should immediately cease industrial action and return to work and negotiation.

We are pleased to announce the appointment of Mr. Clive Handler to Assistant Editor. Mr. Handler joined the *Gazette* staff in March and will succeed to the Editor's position in the autumn.

GUY'S DIARY

Clinical lectures have ceased until the Pre-Clinical Term restarts in October, 1974.

NOTICE

GUY'S HOSPITAL BIENNIAL DINNER

FRIDAY, 4th OCTOBER, 1974

The Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 4th October, 1974, at 7.0 p.m. for 7.30 p.m. The Chairman will be Lord Brock, M.S., F.R.C.S., F.R.C.P. The Dinner affords the most popular opportunity for all qualified Guy's men and women—medicals and dentals to meet together and renew the friendships of their student days.

The Honorary Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£4.00 made payable to Guy's Hospital Biennial Dinner) as soon as possible to the Honorary Secretary, Biennial Dinner, Guy's Hospital, SE1 9RT. (Telephone : 01-407 7600—Ext. 341).

In the afternoon of Friday, 4th October, Professor H. Keen and Professor I. McColl are arranging a discussion "Crohn's Disease" at 3 p.m. in the Surgical Demonstration Room, 2nd Floor, New Guy's House. This subject is of wide interest to all doctors and it is hoped as many as possible will take the opportunity to attend.

Noel Glover, *Honorary Secretary, Biennial Dinner.*

NEWS IN BRIEF

The Directors

We should like to congratulate Dr. R. G. F. L. Seed on his appointment as Director of the Department of Anaesthetics at Guy's Hospital Medical School. He succeeds Dr. A. M. Hutton. We should also like to take this opportunity of congratulating Mr. T. M. Coltart who succeeds Mr. J. S. Tomkinson as Director of the Department of Obstetrics and Gynaecology in the Medical School.

Consultant Appointments

We should like to extend our congratulations to the following gentlemen on their appointments as consultants.

Mr. N. Barwell, F.R.C.S., as Consultant in the Department of Surgery, Truro Hospital, Cornwall.

Mr. J. V. Clery, F.R.C.S.(I.), as Consultant Surgeon to Queen Mary's Hospital, Sidcup.

Dr. T. C. Northfield, M.A., M.R.C.P., as Consultant and Senior Lecturer in the Department of Gastroenterology, St. George's Hospital Medical School, London.

Dr. C. I. Roberts, D.M., M.R.C.P., as Consultant Physician to Canterbury Hospital, Kent. Dr. B. H. Hicks, B.Sc., M.R.C.P., takes over the post as Clinical Tutor.

Et tu Jack!

We are pleased to announce that Professor J. N. Hunt has been elected to the Senate of the University of London.

Science Museum—The Breath of Life

The Science Museum is at present housing its first major Special Exhibition on the History of Medicine. It marks the bicentenary of the discovery of oxygen by Joseph Priestley in 1774, and it shows how the results of this discovery and the discovery of other gases play a leading rôle in medicine. There is a wide range of contributors from the Wellcome Institute of the History of Medicine to professional medical bodies and individual firms specialising in supplying medical equipment.

The exhibits are numerous and the ancestors of today's anaesthetics machines are displayed together with the first successful heart-lung machine. The exhibition will be on for another six months.

Drapers' Company—A Grant

The Drapers' Company have renewed for a further three years their grant of £200 per annum to the School for awards to assist medical students to spend their Elective, or a substantial part of it, overseas.

Wolfson House Appeal

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press:

Dr. D. M. Carnegie
Mr. H. G. Carr
Dr. A. K. S. Cheng
Mr. and Mrs. D. L. H. Clark
Dr. A. S. Cooper
Dr. J. W. B. Dalgleish
Mr. E. N. Daver
Dr. K. G. C. Evans
Dr. P. R. Harben
Dr. N. C .B. Howell
Air Vice-Marshal Sir Ralph Jackson
Mr. J. M. McArthur
Dr. R. W. McNabb
Dr. G. N. St. J. Penney
Professor and Mrs. D. C. A. Picton
Dr. A. B. Plant
Dr. M. J. Purser
Dr. H. Richards
Dr. M. G. Thorne
Professor J. R. Trounce
Mr. A. B. Webb
Dr. H. D. Weintraub

Mrs. Wilshere, the widow of a Guy's dental surgeon who practised in South Africa, and who died in September 1973, has given £3,500 to name a room in his memory. It will be known as "The George Wilshere Room".

The Return of the Moustache

A Manchester Geriatrician has recently written on various aspects of male moustaches with their relevance to sexual significance. He pointed out the old Spanish aphorism that "a kiss without a moustache is like an egg without salt," although this saying does not make it clear for whom the dissatisfaction arises, the man or the woman. But it implies that the clean-shaven man has an element of incompleteness in his amatory armour.

His analogy of moustaches and salt should not be pursued too far. At a recent spot check interview in the Colonnade, a female medical student reported she had mixed feelings concerning moustaches, and salt in excess was a bad thing. In addition she thought that whereas eggs were only acceptable at breakfast, kisses were acceptable even after dinner. "In any case," she concluded, "eggs give me wind."

Without Due Care

The Medical Defence Union have recently produced a new film "Without Due Care". The object of the film is to draw attention to the need for the careful application of routine procedures by all concerned in the care of patients undergoing surgical procedures.

OBITUARY

DR. RALPH AUDY, 19th MARCH, 1974

J. Ralph Audy was born 24th December, 1914, in Lancashire, England, and spent 10 boyhood years in Poona, India. He was educated in England and was medically graduated from Guy's Hospital Medical School, University of London ((L.M.S.S.A., 1937; M.B. and B.S. degrees, 1939). Physician and surgeon by vocation, entomologist by avocation, he was to fuse these and other interests during World War II and afterwards. He spent seven years as a colonel in the Royal Army Medical Corps, serving from Somaliland and East Africa through Ceylon to Burma as a medical officer, malariologist, and finally as head of the Scrub-Typhus Research Laboratory at Imphal, on the India-Burma border. For his work there, he was mentioned in dispatches and was awarded an oak leaf by the War Office. (He entertainingly detailed these pioneering field investigations into the transmission of the virus causing scrub typhus in the 1965 University of London Health Clark Lectures, which were published in 1968 as *Red Mites and Typhus.)* The early years in India and this later work in Africa, Ceylon and Burma left a lifelong imprint: a strong interest in and affinity for Oriental cultures; a love of the earth's progeny under the hot sun, from showiest blossom to least conspicuous creature; and a deep and creative appreciation of the interrelatedness of all life.

From 1947-1950, he headed the British Colonial Office Scrub Typhus Research Unit in Malaysia, and from 1951-1959 the new Division of Medical Zoology and Virus Research in the Institute for Medical Research, Kuala Lumpur, Malaysia. In this period, in collaboration with the U.S. Army Medical Research Unit, Kuala Lumpur, he also led three medical expeditions in North Borneo. He received his M.I.Biol. in 1949 (Institute of Biology, London) and Ph.D. and M.D. degrees in 1951 and 1971 respectively (University of London). His thesis subject for the M.D. was "Selected Ecological Approaches to Parasitism and Infectious Diseases."

Dr. Audy's initial interest in clinical and tropical medicine extended into medical geography, preventive medicine and human ecology. Participation as chairman of symposia at the Pacific Science Congress in Bangkok in 1957 and his demonstration of expertise in the field of public health brought him in contact with the eminent Dr. Karl F. Meyer, then Director of the G. W. Hooper Foundation at the University of California, San Francisco; since 1959, when Dr. Audy succeeded Dr. Meyer as Director of the Hooper Foundation, he has built on the epidemiological tradition he found there, steadily encouraging colleagues to develop ecological studies of human health.

The University of California I.C.M.R., under Dr. Audy's direction, became the most outstanding and respected of the I.C.M.R. programmes.

On the San Francisco campus, Dr. Audy was Chairman of the Department of Epidemiology and International Health, and later of the Department of International Health, and was Professor of International Health and Human Ecology.

In 1959 the Royal Society of Tropical Medicine and Hygiene awarded him the Chalmers Memorial Medal. In 1969 he became a Charter Fellow of the Delta Regional Primate Research Centre at Tulane University. An honour he deeply felt was the 1971 commemorative plaque in appreciation of services, awarded by the Institute for Medical Research Kuala Lumpur.

Dr. Audy's special interest in the quality of individual life and his broad and innovative views resulted in a new definition of human health (physiological, immunological, psychological, and social) as a positive and potentially measurable force, calculated by a person's ability to rally from insults to his health. His concern over the negative and positive influences on individual life and health, including the dehumanising effects of war, cities, and overpopulation, developed into an analytical viewpoint encompassing overall societal health and the structure and interactions of societies as wholes or, as he often termed them, ecosystems. Dr. Audy's wide-ranging, penetrating intelligence brought into confluence the most disparate, even dissonant, elements, and this fusion was reflected in often memorable phrases: the "Imphal Circus" (his British Army scrub typhus research laboratory), "Mercury Poisoning and Mad-Hattery," "Pigeon's Milk and Simple Social Subsystems," "Manmade Maladies," "Exocrinology," "Four Kinds of Nipples, Four Kinds of Smiles," "The Anatomy of Loneliness," "The Epidemiology of Ideas." In his vast and remarkably varied reading, and extraordinarily diverse reflections, he seized upon new relationships and synthesised new concepts, which stimulated and broadened his students' and colleagues' thinking about health and society. It is this creative and seminal power for which Dr. Audy will be remembered, and for which the word *genius* is appropriate.

Knowing in his bones that the young *are* the future, he loved, trusted, supported, and empathised with students, and he was rewarded in many cases with their return of these feelings, heartening demonstrations of capability, remarkable growth in intellectual and professional sophistication. In 1971, at a symposium in honour of Teilhard de Chardin, he commented characteristically:

"Perhaps there is only one secret to the future, that it always belongs to the young who grow into it. Therefore, man's prime concern should be to those basic things, genuine love and personal attention among them, that improve the quality of the individual; improve the quality of the child, who will later become the adult. The ingredients of adulthood are added in the earliest years of childhood. We must—now—invest most heavily in the youth that is on its way!"

G. W. Hooper Foundation.

Persons wishing to contribute to a student fellowship fund established in memory of Dr. J. R. Audy should make cheques payable to :

The Regents of the University of California;

should mark them

"For the Dr. J. Ralph Audy Student Fellowship Fund in the Hooper Foundation";

and should mail them to the :

G. W. Hooper Foundation, H.S.W. 1699, University of California, San Francisco, C.A. 04143.

A Survey on Patient Delay in Out-Patients

Adams, P N.
Blake, P.
Daniell, S. J.
Dicks-Mireaux, Miss C. M.
Drane, N. R.
Gryf-Lowczowskl, J. V.
Harradine, N. W.

Summary :

This survey was conducted to find the length of time a patient must wait until he sees a doctor. Observers, who were situated in the clinic reception areas in out-patients, filled out a standard questionnaire so that the data could be transferred to punched cards for easier analysis. The results showed that in spite of the very complex administration in the department, patient delay was mainly caused by the doctors concerned.

Introduction :

As a part of the Community Medicine course it was decided to conduct an investigation into the functioning of the out-patient's department. During previous firms, members of the survey team had seen the delay which many patients suffered and most doctors seemed to assume that this was due to the loss of notes or investigations. Thus we were stimulated to take an objective view of the problem.

Method :

Preliminary interviews were held with out-patient administration rates and nursing staff to determine the general pattern of administration in general medical and surgical clinics (Fig. 1). The six medical and six surgical clinics chosen were those of those firms on which the survey team members had previously worked and were thought to be a representative sample.

On the basis of the information gathered, a questionnaire was designed to record various time intervals thought significant and reasons for delay. It did not contain any question which could be interpreted as looking at the quality of patient care, except in so far as waiting time itself is an index of care quality.

We recorded the type of clinic, medical or surgical, the patient's age and sex, and whether they were new or old patients; also their method of referral to Guy's.

The time of the patient arrival was recorded with the appointment time (see fig. 2) and a late patient was asked his reason for delay. This was noted under the following headings:

Own fault	Parking problems
Hospital transport	Other

However, a patient was allowed 10 minutes "grace" before he was recorded at late.

When the patient was called to see the doctor the time was noted and the delay from appointment calculated. The main reason for delay was noted at the time under the following headings :

Patient failed to check with reception or nurse
Notes missing
Investigation missing
X-ray missing
Introgenic (i.e. due to doctors running late, etc.)
Others

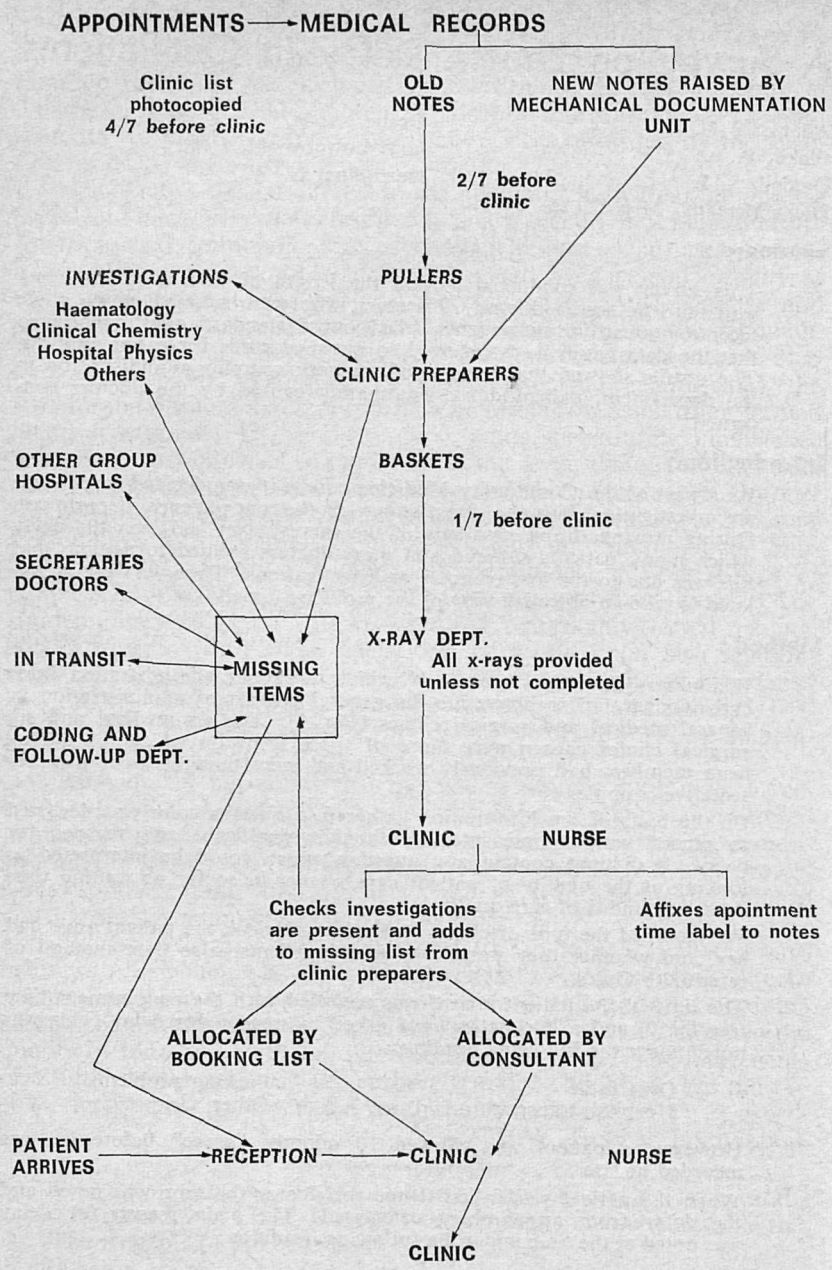
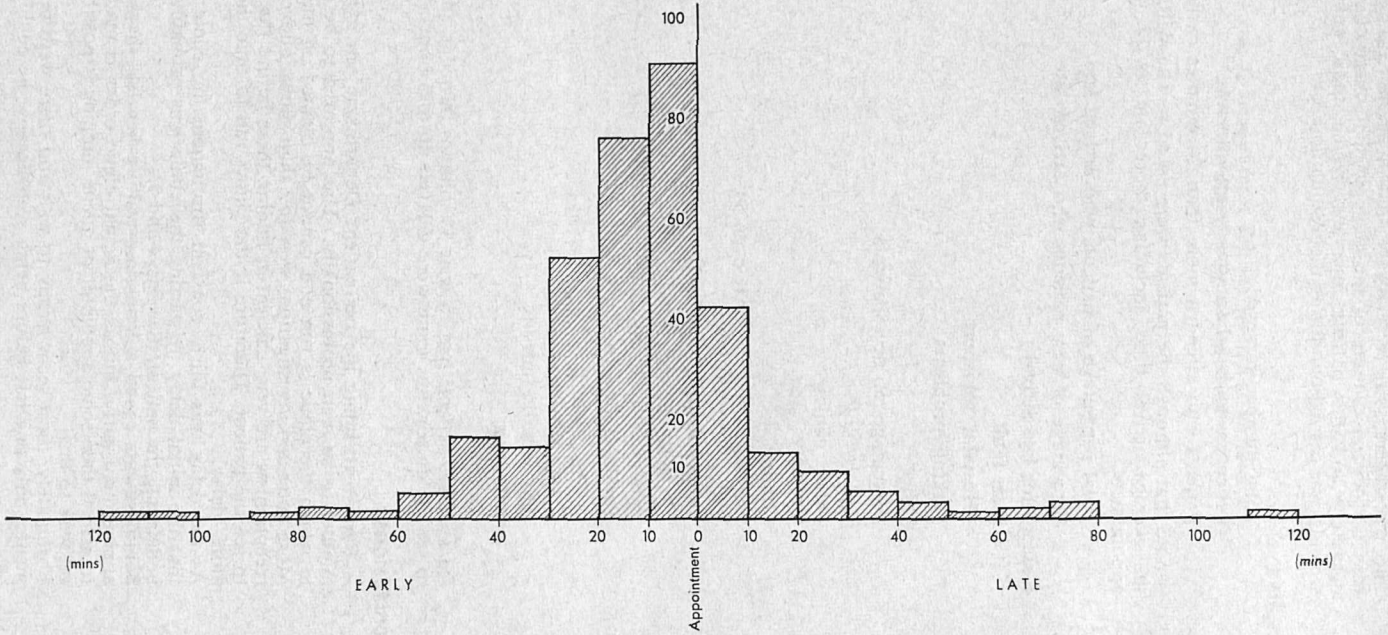


Fig. 1. Notes flow in Out-Patient Department

Fig. 2. Histogram showing time of arrival



The researchers were very aware that their presence could interfere with the normal running of the clinic so that observations were made discretely and the patient interview, which took approximately 30 seconds, was carried out during the waiting time.

Results :

Total number surveyed	389
Patients who failed to attend appointments	12.1%
Patients who attended more than 20 miuntes early	27.2%

—note that although the patients were asked to attend 10 minutes early the average arrival time, including those late, is 18 minutes before appointment.

Total percentage of patients who arrived late	11.7%
Percentage of new patients who arrived late	22.5%

Reasons for late arrival :

Own fault	7.9%
*Hospital transport	2.3%
Parking problems	0.9%
Other	0.6%
Percentage of new patients	19.3%
Ref. by G.P.	78.7%
Other clinics	14.7%
Casualty	2.7%
Others	4.0%

*All over 50.

Patient delay

No delay or seen early	12.7%
Patient failed to check with reception	0.3%
Patient failed to check with nurse	0.9%
Notes missing	1.8%
X-ray missing	0.6%
Investigation missing	0.3%
Iatrogenic	81.3%
Other	2.1%

On average, patients had to wait 38 minutes from his appointment time to see the doctor, but some were delayed up to 3 hours. See fig. 2/3.

Conclusions :

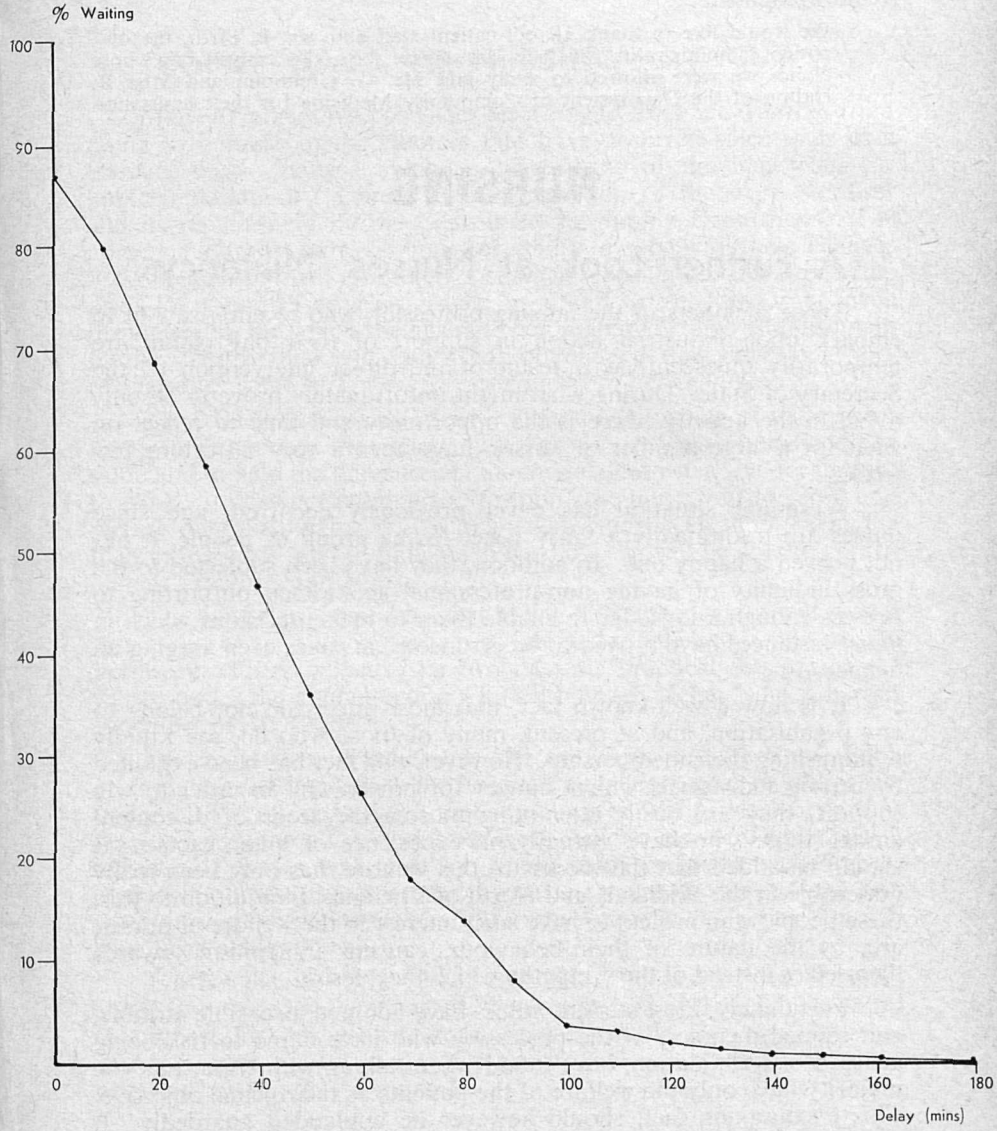
A Patient attending the out-patient Department can expect to wait 38 minutes to be seen professionally. This appeared to be due to the way in which the clinic is run and cannot be blamed on missing notes etc. More notes and investigations were lost than shown above but nurses and receptionists are very efficient in finding these before the doctor is ready to see the patient. Therefore if the clinics ran to time these might cause more delay.

As the delay was fairly constant throughout the clinic it was thought that the initial delay in starting the clinic was probably a large factor in delaying the patient. (See figs. 4 and 5).

Some patients spend a long time waiting because they arrive for their appointment early, but as the actual clinic order is made up according to arrival time some appointment queue jumping is possible. Old patients get wise to this!

Fortunately, most seem happy to wait and there were few adverse comments; only one left before being seen because he could wait no longer

Fig. 3. Percentage of patients waiting to be seen plotted against time from appointment



and everyone is seen in the end. It is very difficult to tailor the rate at which a doctor works with the appointment especially when he has teaching commitments as well.

It would appear that the time a patient waits could be reduced by starting the clinic at a more convenient time for the doctors and by booking patients at more suitable time intervals, particularly new patients who tend to take longer to interview and examine and teaching to be undertaken.

Acknowledgments :

We would like to thank all out-patient staff and Mr. B. Firth, the out-patient administrator for their assistance. Also the consultants whose clinics we were allowed to study and Mr. G. Grenholm and Miss R. Dalton of the Department of Community Medicine for their assistance.

NURSING

A Further Look at Nurses' Militancy

Those members of the nursing profession who recently saw fit to embark upon industrial action in support of their pay claim, are temporarily quiescent, as a result of the direct intervention of the Secretary of State. During what might unfortunately prove to be only a lull in the activity, there is the opportunity and time to reflect on what for a large number of nurses, have been a very disturbing few weeks.

A similar situation has never previously occurred, and since nurses are traditionally a fairly peace-loving group of people, it has not proved a happy one. In addition, they have been subjected to the gross indignity of having non-professional spokesmen purporting to possess enough knowledge to enable them to make decisions which in many instances have proved to be erroneous, at times even verging on dangerous.

It is now a well-known fact, that most nurses do not belong to any organisation, and at present, many of those who do, are rapidly relinquishing their membership. However, this fact has been exploited by certain individuals with a hunger for power, and in order to win support, they are busily attempting to sow the seeds of discontent among those who have virtually no experience of union tactics. It should be added that the success of this venture, has only been really noticeable in the Midlands and North of England. In addition to this, these people who profess to have such interest in the welfare of nurses, are, by the nature of their behaviour, causing antagonism towards themselves instead of the sympathy which they desire.

Fortunately, most student nurses have adopted a sensible attitude, and trained members of the profession who have dared to risk being accused of intimidation, have found when talking with them, that the majority have only the welfare of the patients as their prime objective. This encouraging fact, should however be applauded guardedly. It is quite possible for a minority group, for such are the unions, to assume sufficient power to overcome the wishes of the majority.

This has been proved recently in another dispute. If the general consensus of opinion is not in agreement with industrial action, and it would seem that this is the case, then the usual apathy should be abandoned, and feelings expressed clearly. If this does not happen, then there is a distinct danger that in the future patients are going to suffer unnecessarily to an even greater degree than has so far been the case.

COME "BACK TO NURSING" AT GUY'S

Many ex-nurses who consider returning to work are deterred from doing so because of the changes that have occurred since their own training days—changes involving all aspects of nursing, from the implementation of "Salmon" to the abolition of the ward steriliser and its replacement by the Central Sterile Supply Department. The nurse is naturally worried about her ability to cope with these changes —is she going to feel absolutely lost when entering a ward after being away for a number of years? Is she, as a Staff Nurse, going to be given responsibility for which she has not been prepared? The establishment of the "Nurse Bank" at Guy's has highlighted that there is a very real need for some sort of "refresher course" to be organised.

The "Back to Nursing" course aims to allay some of these fears, to give reassurance that many basic procedures have remained the same and to help the nurse to feel more confident when she does return to work. It does not attempt to "re-train" the nurse, but to give her a picture of what nursing is like today—probably even more satisfying than in the past—and to indicate to her how she will be able to contribute as a mature Staff Nurse.

The course is planned to start in late September and it will be run as a series of six evening session of one-and-a-half hours, one session per week. There will also be two daytime practical sessions in the wards, under the guidance of a Clinical Nurse Teacher, who is herself a member of the "Bank".

On completion of the course, the nurse can join the Nurse Bank or apply for employment in the hospital, but she is under no obligation to do so. We of course hope that some nurses WILL wish to work at Guy's, if only for a few hours per week, but we also anticipate that a number of nurses will look for employment in hospitals nearer to their own homes. But wherever the nurse chooses to work afterwards, the aim of encouraging trained nurses to return to the profession will have been achieved.

Further details of the "Back to Nursing" course can be obtained either from Nursing Personnel Services or myself, and we look forward to support for this venture from readers of the *Gazette.* Whether you have been out of nursing for one or twenty-one years, there is a place for you in today's hospital.

L. Jane Carruthers,
Nursing Officer, In-Service Training.

CORRESPONDENCE

SIR,—I was especially interested in Mr. Cheadle's article in your recent issue on the firm of Price Waterhouse & Co.

I started life as a chartered accountant and served for 8½ years on the staff of that firm—first in Frederick's Place, Old Jewry (a charming backwater off Cheapside which is worth a visit)—and afterwards at the firm's Birmingham office where I was in sole charge of the taxation work. The firm's name originally had a comma between "Price" and "Waterhouse" but the comma was dropped during the War in order to economise on the size of the firm's notepaper. Incidentally. No. 4 Frederick's Place was at one time occupied by the firm of solicitors with whom Benjamin Disraeli became an articled clerk.

So far as I have been able to trace I am the only person to have held at one time the Fellowship of the Institute of Chartered Accountants in England and Wales together with a registrable dental qualification.

Yours faithfully,

ARTHUR STOCKER.

SIR,—How sad that someone writing about people suffering from psychiatric illness should refer to disposing of the patient in the manner described . . . in 1974. Especially when in his opening paragraph he mentions that before the Lunacy Act of 1856, the hospital had "receiving wards."

In that same paragraph he talks of hospitals facing the problem of patients who present themselves with a psychiatric complaint. Have we still not learned —or have forgotten, for why were such places called asylums?—that hospitals exist to help people? If there were no patients Mr. Oldham and all of us could go elsewhere to earn our bread and butter.

Yours sincerely,

PAT BROADBENT,
S.N.O. Community.

2 Sherwood House,
Bush Fair,
Harlow, Essex.

SIR,—You may wish to know that at the final meeting of the late Board of Governors of Guy's Hospital the following recommendations for naming areas in the Tower were approved by them.

Ground Floor Ante-Natal Clinic will be known as the McNair Centre.

The whole of the 1st Floor Level including the existing Theatres in New Guy's House will be known as the Grant Massie Theatres. The only exception to this will be that the ward name Cornelius will be preserved and given to the Surgical I.T.U. which will be transferred to the 1st Floor of the Tower from the 3rd Floor of New Guy's House.

The names for Children's Wards will be as follows:

Floor 9 (West side) Burns and Isolation Units to be known as Caleb and Diplock.

Floor 9 (East side) the General Ward to be known as Dicken's Ward.

Floor 10 (West side) the General Ward to be known as William Little.

Floor 10 (East side) the Child Psychiatric Unit to be known as Hector Cameron.

Floor 11 (West side) the General Ward to be known as Rothschild.

Floor 11 (East side) the General Ward to be known as The Borough.

Floor 12 (West side) the Special Care Baby Unit to be known as Arthur Farre.

It should be noted that the Board of Governors had already approved the recommendation that the title "Evelina Children's Department" be given to the block of floors 9 to 12 inclusive.

The following names to be given to the Obstetrics Wards:

Floor 13 (Labour Ward) Victoria.

Floor 14 (Lying-inWard) Blundell.

Floor 15 (Lying-in Ward) Lever.

Floor 16 (Lying(-in Ward) Braxton Hicks.

At the present time the School Council are considering suggestions for

names of School areas in the Tower but it has already been suggested and approved that Floor 28 (Dental Medicine) be known as the Martin Rushton Laboratories.

One or two of these names may not be familiar to everyone so a brief explanation is given in the following paragraphs:—

1. Childrens' Floors

(a) **Charles Dickens** was a great supporter of children's causes, and the setting of many of his novels is in Southwark.

(b) **William Little** was the first English physician to write systematically about cerebral palsy and spastic children. The name will therefore also record the considerable contribution made by the Spastic Society towards the cost of these floors, and the Paediatric Research Department (Floors 7 and 8).

(c) **The Borough Ward** has been suggested as a new name in order to commemorate the association of the Borough with the Evelina over the past 100 years.

(d) **Arthur Farre** who was an obstetrician and physician extraordinary to Queen Victoria and other members of the Royal Family, collaborated with Baron de Rothschild in the building of the Evelina Hospital, and was the first Chairman of its Committee of Management.

2. Obstetric Floors and Ante-Natal Clinic

(a) **James Blundell** was a lecturer in physiology and midwifery in the United Borough Hospitals and continued in that appointment when Guy's set up a separate School in 1825. He was a famous surgeon and carried out four successful transfusions at a time when this procedure was barely known.

(b) **John Charles Lever** was the first obstetric physician to Guy's and the first person to discover albumen in the urine of patients who had had convulsions in pregnancy. He died before the age of 50 from overwork.

(c) **Braxton Hicks** was at one time assistant obstetric physician to Guy's (1859) and also worked at St. Mary's. He made a study of uterine contractions in pregnancy, invented the cephalotrube and described bipolar vision.

(d) **Arthur James McNair** was responsible for the Guy's Maternity District in the 1920s (he subsequently wrote its history) and it was under his guidance that the Salomon's Bequest was utilised to establish the Centre which was one of the first ante-natal and infant welfare clinics in London. He was the first surgeon at Guy's to perform a lower segment caeserian section, which he did in 1925.

3. Theatre Floor

Grant Massie was senior surgeon at Guy's at the time of the building of New Guy's House and was Chairman of the Planning Team. He was the author of "The Text Book of Surgery" and had a surgical technique which has greatly influenced generations of Guy's surgeons.

Yours faithfully, J. CHAPPLE,
Assistant Secretary.

Counting House,
Guy's Hospital, S.E.1.

SIR,—A pleasant benefit of writing to the *Gazette* is the receipt of several letters from old acquaintances. One from H. G. Floyd told me about "Cage Birds" by H. E. Hervey which records the adventures of "Mac" or as he is now, Sir Robert Mackintosh.

Trying to escape when a P.O.W. was compulsive. His last atttempt was most exciting. Hervey's words are:

"After jumping the train Mac had climbed a fence and hidden himself in a wood close to the railway line, and when the hue and cry was over, had made his way to the next station, near which he remained in hiding for the rest of that night and the following day. At nightfall, hearing a train approaching, he emerged from his hiding-place, and, as the train was about to leave, joined the queue at the booking office and bought a ticket for Berlin. By pretending to sleep he avoided conversation with his fellow travellers, and the journey was accomplished without difficulty.

On reaching the capital, he hailed a cab and instructed the driver to take him to that quarter of the town frequented by the gay ladies of Berlin. After

a drive through the city the cabman dropped him at the door of one of a row of dingy little houses in a squalid side street. A somewhat faded lady answered his knocking, and, upon being admitted, Mac immediately informed her that he was a British prisoner of war, and that he needed shelter, food and clothing.

It must have been a startling revelation, but the sign of Mac's roll of German marks overcame both her patriotism and her fear of the consequences of assisting a fugitive enemy. She provided him with a meal, and then, armed with a supply of his money, went out shopping, and returned in due course with a suit and various other requirements. Having changed into his new garments, Mac bade his hostess farewell and, tucking under his arm the brown paper parcel which contained his uniform, set forth once more upon his travels.

His next visit was to a barber's shop, where he demanded a shave, and then, feeling emboldened by the success of his plans, he made his way to the station. Here he bought a ticket to a town near the Swiss frontier, for, having already gained experience of this sector, he had determined to make for Switzerland.

In his ensuing travels Mac crossed Germany by train, but when within a stone's throw of his destination a peculiar circumstance resulted in his arrest.

At a wayside station a fussy little man entered the compartment, and after a while Mac noticed that the stranger kept on casting surreptitious glances at his feet. The fellow eventually became so absorbed in contemplating Mac's extremities that he grew nervous, and decided to leave the train at the next station. This he did, but his companion followed him on to the platform and spoke to the stationmaster. Before he had time to move off, Mac was surrounded by the station staff, and it was then that he learnt that his fellow traveller had spotted the one weak point in his disguise—he was wearing English boots made of real leather at a time when leather was almost an unknown commodity in Germany!

In spite of its unsuccessful ending, this journey of Mac's was a very stout effort, particularly in view of the fact that before he was sent to Zorndorf he could speak scarcely a word of the German language."

It always surprised me that those who fought in the 1914-18 war rarely talked of their exploits. It has taken me nearly half a century to learn of Mac's adventures.

Yours sincerely,

R. E. SMITH.

Stoney Stanton Road,
Coventry, CV1 4FG.

SPORT

Sports Commentary

With the academic slog almost over, people are either taking to the South Seas or enjoying what is left of the summer sports season. The Cricket Club has not enjoyed a good season and tragically the fault has lain in the batting which promised so much in April. Many strong club sides have been contained by the bowlers, often ably assisted by people in the field, but when batting, the dreaded index finger has pointed out Guy's faults before any significant contributions have been made. The clubhouse at H.O.P. is, however, now looking much smarter with the walls redecorated, a new hatch through which post-match sustenance will emerge, and the floor completely restored and re-polished. Watch out for Stan stud-hunting when you go down.

Over the past few weeks, several events have come and gone on the international sporting scene—the Tennis at Wimbledon provided many surprises and ended up with a romantic pair winning the Ladies' and Gentlemen's Singles titles. The tournament which may send the divorce rate soaring, the World Cup (football, in case anyone did not know), was won by West German solidarity against Dutch entertainment—it seems a pity that one side had to lose. Finally the Test Match series against India—3 matches, 3 England wins, two by innings defeats. Speaks for itself . . . or does it?

Coming soon:

Cricket—Sussex tour—3rd-8th August.

Boat—Unknowns will, in an attempt for world-wide recognition, row Loch Ness in early September.

University of London Purples Awards :

A list of Purples Awards was announced in the last issue of the *Gazette*.

A number of further Awards have been received.

Half Purple—E. Bray, U.L. Golf Club. C. Grant, U.L. Golf Club. C. Mackenzie, U.L. Golf Club.

GOLF

The President's Match was played at Tandridge on Sunday, 23rd June. This is a match between teams of six players, one selected by the President, Mr. Brain, from amongst those of his friends or acquaintances whom he thinks good enough to win and on this occasion, in addition to old stagers, Dr. Maclean, Dr. Cockerill and Dr. Morris (who works with Pfizers) he had two newcomers in Mr. Coltart and Dr. McMichen.

The Students' team was at full strength except for Bill Whitby who had written the wrong date in his diary and was irrevocably committed to chasing young nurses around the Welsh countryside. His place was taken by Alban Davies

The match consists of three foursomes and six singles and at lunch the President's team was leading by three matches to nil. This allowed the President and his team to relax comfortably into their gins and tonics and in the ensuing state of euphoria there was even talk of a clean sweep for the President's team !

When the afternoon pairings were announced during lunch this was reflected in a "book" made by Dr. Maclean in which Richard Ibbetson was given an even chance but all the other students were offered at various odds against. When a certain amount of business had been done the "book" was closed and the afternoon's play began.

Dr. McMichen went out first with Ibbetson and with the support of wife and dog, managed to beat him. David Evans kept the President's team at bay by recording a very good win against the President, who said he was getting too old to play two rounds of golf in a day.

The odds offered against Alban Davies beating Dr. Maclean were very considerable and the prospect of easy wealth, amongst other things, proved a heavy burden. Immaculately clad in newly-bought golfing gear, a set of borrowed clubs and a heart-rending tale of his brother selling his own clubs, he nearly brought Dr. Maclean to tears early in the match. It takes far more than this, however, to disturb Dr. Maclean's ruthlessly professional approach to the game (he and Mr. Brain were Britain's most successful players in the doctors' "Ryder Cup" against the U.S. doctors two years ago) and Davies was defeated out in the country which clinched victory for the President.

There were still, however, three exciting matches to come. Ted Bray achieved immense personal satisfaction in beating Mr. Coltart, the turning point of a very close match coming at the eleventh where Bray played a magnificent 9-iron second over the trees to the heart of the green which stunned the obstetrician who went on to lose 3 and 2. Chris Mackenzie was two down at the third and three up at the eleventh against Dr. Cockerill but visited bunkers at the next two holes to be pulled back to one up. He hung on grimly to this lead until holing a curling seven-foot put at the seventeenth to win 2 and 1. Chris Grant and Dr. Morris after a tremendous struggle ended up all square.

The President's team thus finally won by $5\frac{1}{2}$ points to $3\frac{1}{2}$ points which was far from a clean sweep and a certain amount of money deservedly changed hands. Mr. and Mrs. Brain entertained the teams to an excellent supper after the match for which we would like to thank them very much.

C.I.M.

HOSPITAL INFORMATION

LAMBETH/SOUTHWARK AND LEWISHAM AREA HEALTH AUTHORITY (TEACHING)—GUY'S HOSPITAL

SENIOR DENTAL HOUSE OFFICERS

Applications are invited for the posts of **Senior Dental House Officers** (2) in Children's Dentistry and Oral Surgery, with the possibility of rotating between the two departments.

Commencing 1st September, 1974. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **18th August, 1974.**

NURSES HEALTH SERVICE

STAFF NURSES AND ENROLLED NURSES

Our newly enlarged and up-graded Nurses Health Department is due to re-open in the near future. We wish to appoint Staff Nurses and Enrolled Nurses either full-time or part-time to provide 24 hour cover for this department.

Application forms are obtainable from Miss B. M. White, Principal Nursing Officer, Guy's Hospital.

GUY'S HOSPITAL

DENTAL DEPARTMENT

The following have been appointed **Dental House Surgeons** for the period 1st August, 1974 to 31st January, 1975 :—

Miss S. Likimani—General Duties with Mr Bret Day (Resident).
Mr. R. J. Ibbetson—General Duties with Mr. Macdonald (Resident).
Mr. C. J. L. Price—General Duties with Mr. Gibb.
Miss J. Cabbin—General Duties with Mr. Haskell (Monday a.m.)
Mr. J. R. T. Hayward—General Duties with Oral Surgery.
Mr. V. K. Maini—General Duties with Mr. Haskell (Wednesday a.m.)
Mr. J. P. Lacey—Department of Orthodontics and Children's Dentistry.
Miss J. C. Kyles—General Duties with Mr. Hagger.
Mr. D. A. Oram—Preventive Dentistry and Casualty.
Mr. M. L. V. Portelly—Department of Orthodontics and Children's Dentistry.
Miss O. Demajo—Genearl Duties with Oral Medicine and Pathology.
Mr. D. J. Beardsley—Prosthetics Department.

PASS LIST

M.D. London
July, 1974

D. B. A. Silk

F.R.C.S. England
June, 1974

General Surgery :
J. G. Payne
M. Horrocks

Otolaryngology :
J. Hibbert

F.R.C.P.
June, 1974

R. C. S. Dick
M. F. Hart
G. F. Swann
W. B. D. Maile
E. A. Wright
K. Simpson
N. R. C. Riches
S. M. Vine
J. H. Evans
I. E. Evans
L. Wollner
J. B. L. Gee
D. A. Lillicrap
B. H. B. Robinson
L. Stimmler
J. A. P. Trafford
S. R. Meadow
H. Stott
H. C. Burry

M.B., B.Chir., Cambridge Examination
June, 1974

Part I. Pathology and Pharmacology

*Elizabeth A. Caffrey (Pathology)
L. D. Culiford

Medicine, Surgery, Obstetrics and Gynaecology

*R. D. Armstrong
D. J. Brown
K. N. Bullock
A. J. Cook
L. D. Culliford
Moira C. Dick
R. K. J. Forber
P. R. Keettle
R. G. King
D. H. O. Lloyd
R. J. Mann
N. J. Odom
P. N. Plowman
J. G. Prior (Distinction in Medicine)
P. G. Reasbeck
D. J. Scott
M. E. Taylor-Pearce
P. R. Willicombe
J. G. C. Wright

*Not qualified :

Medicine and Surgery

M. Momen

UNIVERSITY OF LONDON
M.D.
May/June, 1974

E. H. Harley
A. Martin
P. L. Pelmear

M.Phil. Science
May, 1974

M. A. Picard (Pharmacology)

M.Sc. Human Communication

April, 1974

Jean M. Bale
J. R. Brook
Eva I. Carlson
Pamela M. Connor
Anne Davies
Dorothy G. Deakin
Margaret Dennison
Susan I. Edwards
J. Ellams
Rosemary A. Emanuel
Pamela M. Enderby
Margaret Evesham
Margaret A. Fawcus
Margaret A. Fletcher
K. J. Fyffe
Patricia A. Glover
Helen M. Haig
Joan E. Harrison
Patricia M. Harrison
Elizabeth Hayes
Janet E. Hodge
Susan M. Huskins
Ruth Jacobs
Florence M. Jones
Rosemary S. Keen
Rosemary Kelham
Gwyneth Llewellyn
Helen de M. McNeil
Pamela E. M. Maddison
Angela J. Metherell
Hilary Page
J. W. Paterson
Hilary C. Rondow
Yasmin B. Saklatvala
Rosemary A. F. Sharp
Rachel V. J. Stevens
Margaret B. Threadgold
Dilys A. Treharne
Doreen M. Walker
Margaret Walker
Diana M. Ward
Susan M. Whitehead
Margaret G. Wilson
Helen E. Wynter

Ph.D. Science
April, 1974

W. R. Chegwidden (Biochemistry)

Third M.B., B.S.
April, 1974

Honours

Jill M. Krafft (Distinguished in Surgery)
J. E. T. Stokes (Distinguished in Surgery)
N. J. White (Distinguished in Pathology, Medicine, Applied Pharmacology and Therapeutics, and Surgery: University Medal)

Pass List

N. J. Allen
R. S. Armstrong
J. G. Ayres
I. Bandak
G. W. Bergman
C. A. Bevis
D. J. Bickle
R. A. Botha
P. M. Boyce
D. P. Brodie
R. W. Burns
S. C. Callender
Clare M. W. B. C. Carter
Dianne P. Carter
C. G. Chinery
K. J. Collins
Susan E. Comrie
F. T. Cordingley
M. K. Darcy
S. J. Durnford
S. G. Edmondson
S. Edwards
A. W. Ellis
C. J. K. Ellis
J. R. Fraser
Sally A. Gallagher
Hilary J. Gilford
J. E. Gornacz
J. M. Haworth
Judith M. A. Haworth
P. D. Houghton
C. B. Howard
P. A. N. Hutton
Lee Wan Cheng
M. I. Levene
J. P. Lewis
P. E. Lewis
M. Lim
B. K. McLeod
S. D. Milnes
R. W. D. Nickalls
J. J. Oram
Ann Ouyang
Jennifer J. Pascoe
R. J. M. Pascoe
D. M. Preston
J. M. Ramsay
J. Richardson
B. D. Rix
Frances M. M. Rochford
L. D. Ross
M. F. Scott
T. J. Thornton
A. M. Weindling
C. M. V. Wright
D. R. B. M. Young

Part I

B. S. Avery
R. D. A. Coxon
C. C. de V. Crawshaw
Rosemary J. L. Deacon
Alison E. Dick
R. P. Fitton
Fong Keng-Lao
J. E. M. Fox
P. K. Gillman
Patricia A. Godfrey
W. Jago
Khoo Khui Teong
P. R. Kirtley
M. T. Knox
C. J. N. Lacey
P. R. Nicol
H. D. T. O'Donnell
W. A. C. Simpson
L. I. Sireling
Elizabeth J. E. Stearns
M. P. Stearns
W. N. Trethowan
R. H. M. Williams

Part II

R. J. B. Bowering
J. E. Clarke
P. K. Gillman
W. Jago
C. R. Pascall
Anna Z. S. Robatiner
R. M. Rowland
J. S. Tilley
B. G. Whiteside
P. W. Young

Part III

M. J. O. Coe
K. L. Fong
P. K. Gillman
M. T. Knox
P. G. W. Meakins
H. H. Mok
R. M. Rowland
B. G. Whiteside

Part IV

J. E. Clarke
M. J. O. Coe
W. Jago
R. J. Knight
M. T. Knox
H. H. Mok
K. Muntarbhorn
C. R. Pascall
A. J. Pickup
J. S. Tilley
P. W. Young

PAPERS BY GUY'S MEN

Binnie, W. H. and Rowe, A. H. R. Incidence of epithelial rests, proliferations and apical periodontal cysts following root canal treatment in younng dogs. **British Dental Journal,** 1974, **137,** 56.

Draper, P. **and another.** Care of the aged: an English lesson. **Annals of Internal Medicine,** 1974, **80,** 747.

Giannelli, F. and Pawsey, S. A. (1974). An heterozygosity test for Xeroderma pigmentosum and some insight into the structure of the defective enzyme. **Heredity, 32,** 2, 279. (Abstract of paper presented at the 173rd meeting of the Genetical Society of Great Britain, 16th and 17th November, 1973, London.)

Giannelli, F. and Pawsey, S. A. (1974). D.N.A. repair synthesis in human heterokaryons. II. A test for heterozygosity in Xeroderma pigmentosum and some insight into the structure of the defective enzyme. **J. Cell Sci., 15,** 1, 163-176.

Goulding, R. Treatment of paracetamol overdosage. (Correspondence). **Lancet,** 1974, **1,** 1162.

Grenby, T. H. The deposition of dental plaque in young adults on a diet containing chocolate and skim milk powder. **Archives of Oral Biology,** 1974, **19,** 213.

Grenby, T. H., Powell, J. M. and Gleeson, M. J. Effect of sweets made with and without sucrose on the dental plaque, and the correlation between the extent of plaque and human dental caries experience. **Archives of Oral Biology,** 1974, **19,** 217.

Grove, J., Toseland, P. A., Trounce, J. R. **and another.** Effect of age on the hydroxylation of amylobarbitone sodium in man. **British Journal of Clinical Pharmacology,** 1974, **1,** 41.

Higgins, P. M. Specialisation in general practice—for. **Update,** 1974, **8,** 1573.

Hyams, D. E. Geriatrics in medicine. (Correspondence). **Lancet,** 1947, **1,** 1234.

Klockars, M., Adinolfi, M. C. and Osserman, E. F. (1974). Ontogeny of lysozyme in the rat. **Proc. Soc. exp. Biol. (N.Y.)., 145,** 2, 604.

Perry, J. C. AGARD advisory report no. 69 on helicopter aircrew fatigue. (AGARD—AR—69). 1974.

Polani, P. E., Kohlinsky, S. M. and Singer, J. D. (1974). Sex chromosome anomalies and intersex states. In: **Urology in childhood.** Williams, D. I., Barratt, T. M., Eckstein, H. B., Kohlinsky, S. M., Newns, G. H., Polani, P. E. and Singer, J. D. Encyclopedia of Urology XV supplement. Andersson, L., Gittes, R. F., Goodwin, W. E., Lutzever, W. and Zingg, E. **Eds.** pp. 332-364 and 416-418. Berlin: Springer-Verlag.

Seller, M. J. (1974). Alpha-fetoprotein and teh prenatal diagnosis of neural tube defects. **Develop. Med. Child Neurol., 16,** 3, 369-371 (annotation).

Seller, M. J., Creasy, M. R. and Alberman, E. D. (1974). Alpha-fetoprotein levels in amniotic fluids from spontaneous abortions. **Brit. Med. J., 2,** 5918, 524-525.

Sowton, E. **and others.** Ten-year survey of treatment with implanted cardiac pacemaker. **British Medical Journal,** 1947, **3,** 155.

Williams, D. I., Barratt, T. M., Eckstein, H. B., Kohlinsky, S. M., Newns, G. H. Polani, P. E. and Singer, J. D. (1974). **Urology in childhood.** Encyclopedia of Urology XV supplement. Andersson, L., Gittes, R. F., Goodwin, W. E., Lutzeyer, W. and Zingg, E. **Eds.** Berlin, Heidelberg, New York: Springer-Verlag.

DEATH

WHEATLEY. On 21st June, 1974, at Guy's Hospital, Ronald James ("Bob") Wheatley, L.D.S., R.C.S.Eng., of 17 Kelsey Park Avenue, Beckenham, Kent.

PERSONAL

TRAINEE VACANCY in unspoilt Welsh border town. Two partners (Guy's) 47 and 28. G.P. maternity and medical beds. E.C.G. geriatric and paediatric sessions. Day release for study—equal off duty. Two-bedroom flat available. Doctors St. John Penney and N. C. B. Howell, Bishop's Castle, Shropshire.

WANTED. Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Telephone : Farnborough (Kent) 58530 evenings : 01-407 7600 Ext. 357 daytime.

CHANGES OF ADDRESS

Dr. J. Fine, Old Brickfields, Heronway, Hutton, Brentwood, Essex.

Lt.-Colonel R. C. Francis, M.B., M.R.C.O.G., Maternity Hospital, Park Road North, Middlesbrough, Teesside, TS1 3LE.

Mr. N. T. Holden, M.D., F.R.C.S., 3 The Loders, Lechlade, Gloucestershire, GL7 3DJ. Telephone: Lechlade 507.

Dr. and Mrs. D. Stafford-Clark, from Dulwich to Kantara Village, Famagusta District, Cyprus.

Dr. and Mrs. W. G. Zorab, 271 Old Worting Road, Basingstoke, Hants. Telephone: Basingstoke 61757.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR	T. B. BARNES
ASSISTANT EDITOR	C. E. HANDLER
NEWS EDITOR	P. TILLMAN
SPORTS CORRESPONDENT	A. M. KINGON
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
PHOTOGRAPHER	S. J. TWIGGS

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2237

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

STUDENTS AND THE N.H.S. CRISIS

"It's all quite easy; won't take you five minutes" said *Gazette* ed. (elect) with his customary grin, "Just give us the facts and we'll do the rest. No trouble at all". An easy task? In a situation so complex, so ridden with emotion and prejudice, giving the facts would be an impossible feat; so much must be a matter of opinion.

How then is the average medical student affected by the current N.H.S. upheaval? Superficially the answers are simple; with fewer patients in the wards and lists cancelled, teaching on some firms was bound to suffer, and not receiving mail was a definite inconvenience. However, the bar has always managed to ensure its supplies, and the Spit was not affected badly so there, for many people, the matter has rested. Is this latest crisis, then, a matter of any importance; one which will affect our lives and careers, or is it just part of the day-to-day running (if that be the current expression) of the N.H.S.?

I like to believe that the Health Service will emerge from this turmoil as a better managed, more effective organisation, serving a public which realises the cost of the treatment it receives. For too long members of the Medical Profession have been expected to take "job-satisfaction" as a reward for their work whilst the rest of the world is struggling for increased pay and a better standard of living. That people who a year ago would never have contemplated strike action are now manning the picket-lines is as much as anything a reflection of the rate of inflation and the impending collapse of our present financial and industrial system, but tied in with this is a reluctance by those who use the Service to pay a realistic price for the treatment they receive. In my experience the "working man" believes that the nurses

should be paid a decent wage, but he wants the money to come from "the Government" and not an increase in his National Insurance contributions.

The action we have seen over the past months reflects a dramatic change in attitudes which has overcome at least a section of Health Service employees. No longer are they willing merely to complain about their personal income, and the general financing of the Service, but at last they are prepared to take action not only to protect their own standard of living, but also to improve and change the Health Service as they see fit. This is where the major change will occur. Doctors, nurses, ancillary workers and the many others who make up the Health Service will realise that they are an interdependent part of a team working to one end—complete management of a patient during illness, and the prevention of such illness before it has a chance to occur.

As students, we have a large stake in the future of the Health Service. It is we who will, within the next few years, be performing a large proportion of the medical work of the N.H.S., whether in hospitals or general practice. If we wish to give the best service possible to our patients, and receive a reasonable reward for our labours, it is up to us to take the initiative now and plan for the future. It is no longer enough to take things as they come, to make do and work with inadequate staff and equipment, we must play an active role in the reconstruction of the N.H.S. by those who work in it, for the benefit of ourselves and the population we hope to serve.

David R. Fine.

NOTICE

MRS. WILLAN—formerly MISS JOYCE GREEN

Many generations of Guy's Dental Students will remember with gratitude the help given to them by Mrs. Willan (née Joyce Green) in the Dental Administrative Department. Joyce Green joined the Administrative Staff here in December, 1952, and, for the many years since, her knowledge of the running of the Dental Department and her willing help to the staff, both professional and non-professional as well as to students, has been taken for granted.

Alas, she is leaving us at the end of October and it is hoped that many old Guy's dental men and women would like to join the present staff in contributing to a farewell gift after her 22 years of service to us all.

Mr. W. A. Vale is organising the farewell presentation and will be pleased to receive donations addressed to him in the Dental Department.

NEWS IN BRIEF

F.R.C.G.P.

We should like to extend our hearty congratulations to Dr. A. W. Cook on his recent election to the Fellowship of the Royal College of General Practitioners.

Wolfson House

The School's new study-bedrooms are expected to be ready for occupation between June and September next year. Provisional bookings may now be made at the Medical School Accounts Office. In the event of the rooms being over-subscribed preference will be given to clinical medical students.

Welcome to Guy's

We should like to welcome all our foreign visitors who are here on their "electives". We have students from Johns Hopkins, U.S.A., Turin Medical School, The Medical Academy of Warsaw, and the Benghazi Medical School. We hope they enjoy their stay in Bermondsey.

Welcome Back, Mr. Wallis

Surprisingly enough, few people could honestly say that Mr. Wallis' summer holiday this month caused a major upset to the running of the Medical School. Part of the continued smooth service must be credited to those two lovely young ladies, Gill Baker and Mary Dallimore. As we welcome back Mr. Wallis from his deserved rest we should also thank his "team" for coping so well in his absence.

The "Philpot File" on Guy's

Four TV programmes concerning various aspects of the Hospital and Medical School are due to be serialised on the "Philpot File". The first takes place on B.B.C. on 3rd September, 1974, at 8.10 p.m. A past student President (one of several students featured in the programmes) is rumoured to have consequently landed a major part in a forthcoming film. Obviously his bedside technique was well suited to the casting couch!

Diagnostic Instrument "Package Deals"

A choice of diagnostic instrument "package deals" is being offered during October to third year medical students by Raymed, the recently formed division of Charles F. Thackery Ltd. Each "package" includes as standard a stethoscope, pen torch and a percussor, plus one of a choice of four diagnostic instrument sets of varying values. The cost to the student is from £32.00 for a "package" including a high quality diagnostic instrument set, to only £45.00 for a set with a fibre-optic illumination system. Further information and demonstrations should soon be available in the Medical School.

If you've taken your 2nd MB–

strike a bargain with the RAF.

You get over £2000 a year in your last three years as a medical student; with all fees paid. In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of at least £1500 to £3000 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book – or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1),
Halton, Aylesbury,
Bucks, HP22 5PG.

RAF officer
DOCTOR

Joint Negotiating Committee

The J.N.C. for hospital medical and dental staff, on an increase in the recommended minimum periods of time off duty, has agreed that with effect from 1st July, 1974, certain conditions of duties shall be amended. Although the exact amendments are available from the Superintendent's office the following points deserve mention :

(1) Practitioners in whole-time appointments in grades below consultant are assured periods of time off-duty (providing the needs of patients permit) as one afternoon a week, two nights out of three, two week-ends out of three.

(2) Twenty-one units (one unit is a night or an afternoon, etc.) is the minimum entitlement to time off-duty in any period of twenty-one days.

We hope these arrangements will be approved by the staff concerned. There must be a large, appreciative and worshipping public who believe that such staff have no time off-duty but even so would not begrudge these people just a little break!

Biomedical Engineering Exhibitions

Two major attractions, sponsored by B.E., will take place at Imperial College, London, on 3rd-5th September, 1974. At the Exhibition, some thirty-six exhibitors will display various technical medical equipment which will include "Cardiac Diagnostic Instruments and Monitors, "Artificial Body Parts" and an "Electrophysiological Teaching Unit". There will also be four major lectures, each lasting about 45 minutes and followed by a period of discussion. For synopses of these lectures, further information on the exhibition and for free tickets, write to U.T.P. Exhibitions Ltd., 117-123 King Street, London, W.6. Telephone: 01-741 0303.

B.L.E.S.M.A.

The British Limbless Ex-Service Men's Association have tabled a motion in the House of Commons under the name of Airey Neave, M.P., to press the Government to allow disabled war pensioners to keep their special vehicles after their employment ceases, and to maintain the value of their allowances paid in respect of war pensioners' "vehicles".

London Nursing Exhibition and Conference

The 1974 London Nursing Exhibition and Conference will be held at a new venue—The Bloomsbury Centre, London. The event, which is being organised and sponsored by the *Nursing Mirror*, will be held from 23rd-25th October. At this exclusive conference, special attention will be given to the prevailing unsettled situation in the nursing profession.

Full details may be obtained from Ron Edwards, *Nursing Mirror*, 161-166 Fleet Street, London, E.C.4.

Chopin Recital

Fou Ts'ong will give a Chopin piano recital at the Greenwich Theatre on Sunday, 22nd September, at 7.30 p.m. Money made from this will be for medical aid to the liberation movement in Guinea, Angola and Mozambique. Further information is available from Dr. Robin Stott, in the Department of Medicine.

Design Council Awards for Medical Equipment

The Design Council in association with King Edward's Hospital Fund and the Department of Health and Social Security has launched an award programme for the British medical equipment industry, the object being to highlight good design in a wide range of British medical equipment. The first awards will be announced in May, 1975, and they will be given annually for products which show outstanding achievement in the design of medical equipment used in diagnosis, therapy or rehabilitation. All products must have been designed and made in Britain, although a product embodying foreign components will not be excluded.

Further details and submission forms may be obtained from A. Key, Design Council, 28 Haymarket, London, SW17 4SU.

Mini-Meteorological Station

A Swiss firm have devised a home installable weather forecast station, which they claim is "essential to the farmer, yachtsman and sportsman alike", and "a blessing to any household".

They perhaps thought that this machine would have an enormous market in a country where "the weather" is usually the focal point of any conversation. However, we all know that "there's a lot of weather about, and what can you do about it with the present Government?" In any case, there must be many weather-beaten people who realise that summer is the English rainy season (just look at it!) and who would never go out of doors at any time of the year without an umbrella and raincoat. These people would probably think such a machine an unnecessary object for further pessimism in the household while others would take it "by storm" as they could polish their wellington boots before they went to bed and be fully prepared for the predictable thunder storm which would drench their weather-ignorant neighbours.

Bermondsey Beers

A new Students' Handbook is due to be published for the Freshers in October, 1974. Mr. G. W. G. Vevers, the author, has included several new sections into this "gem of a guide to Guy's and its environs". One of the more interesting of these novel introductions is a Guy's Man's Pub Guide. We are assured that Mr. Vevers has, with his customary efficiency, "left not one tap unturned" in his efforts to secure a thorough and comprehensive edition.

This could be your next surgery.

In the Royal Navy it isn't always easy for patients to get to a dental surgery. For obvious reasons.

So, as a naval dentist, if they can't come to you, then you must go to them.

And this could involve you being lowered onto a ship from a helicoptor for a two month tour of duty. We'll give you the most advanced equipment and materials and you'll treat everyone from the Captain downwards. Then be transferred to the next ship. You could find yourself visiting as many as 12 different countries in your first six months.

But some of your time, of course, is spent with your feet firmly fixed on dry land, at one of our shore establishments. Be they in Britain, the Mediterranean, Hong Kong, Singapore or Mauritius.

But first, to be considered for a career as a naval dentist you must have your 2nd BDS and you must also be selected by the Board.

Once you've overcome these hurdles, you will be awarded a Naval Dental Cadetship. It's worth £1,898 a year.

When you qualify you will be promoted to the rank of Surgeon Lieutenant (D) at a salary of £4,099 a year. Then after 5 years you could leave and receive a tax free gratuity of £1,500 or more, depending upon how long you spent as a paid cadet.

But if it's mutually agreeable you could apply for either a 16 year pensionable commission or a Full Career Commission. The choice is yours.

If you would like to know more about practicing dentistry in the Royal Navy why not write to me giving details of your age and education. I will send you any further information you require and answer any questions you might have.

The address is: **Surgeon Captain (D) G. J. Boyd. RN, (26BV2) Room 314, Empress State Building, London SW6 1TR.**

RN
ROYAL NAVY

A San Franciscan Elective

I was woken up at four o'clock on the morning of 14th April by the air-stewardess's announcement of our imminent arrival at San Francisco International Airport. It had been a long journey from Heathrow, some fifteen hours since the previous afternoon with a change of planes at New York. From the airport a terminal bus transported the passengers to the airlines terminal, situated at the Taylor and O'Farrell, in the heart of Downtown San Francisco. I had managed to secure temporary accommodation at a Y.M.C.A. Hotel, five blocks away from the terminal.

On Monday, the 15th, while England was enjoying a Bank Holiday, everyone in San Francisco was getting to work by 7.00 a.m. The Downtown's "High Street"—the four-mile long Market Street—provided embarkation points for the electrically-powered trams and buses which charged a standard fare of 25c.

The University of California, San Francisco Medical Centre (U.C.S.F.), is a 20-minute ride from Market and McAllister and is situated at 3rd and Paranassus Avenues, on the Paranassus Heights, in the Sunset District of San Francisco. As we snaked along the roads up the hills to the Heights, the renowned steep streets could be seen branching away on both sides at regular intervals. The Medical Centre is a complex made up of six major buildings: the 14-storey Herbert C. Moffitt Hospital, adjoining the Langley Porter Neuropsychiatric Institute, the Basic Medical Sciences (their Medical School), the Medical and Dental Outpatients, the University of California Hospital, the black-stoned, darkly glazed 9-storey extension to the Clinics (catering for a reported 300,000 patients a year) and the Guy S. Millberry Union building, housing the student union facilities in the nature of two dining-rooms, a lounge, a gymnasium, a heated swimming-pool, snooker and table-tennis tables, a barber's shop, the student's dormitory, a bookshop and, at the back, 4 storeys of car-park. At the Centre, the officer in charge of student activities made arrangements for me to have accommodation in a Medical Fraternity House, which provided cheap housing to medical students.

The Advanced Surgical Course supervisor, Dr. Thomas K. Hunt, directed me to the ninth floor of the Moffitt Hospital to join the Blue Surgery team. There were two general surgical teams, Blue and Gold. The former was for the benefit of the private patients under the primary care of the Attendings, this title being given to the consultants, and the latter for the "staff" patients, who obtained their patients from the clinics and the emergency department.

The team consisted of the Chief Resident, Dr. Richard Margulis, being in his final year of the five-year General Surgical Residency Programme, first-year resident, Dr. James Johnson, an intern and two students. The three students were drafted in as Junior Interns, supervised under the careful eyes of the intern and the two residents.

The medical course is of four years' duration, the first two years being spent on pre-clinical studies, the third year on scheduled

rotations and the last year, their elective year, being trained for the H.O. job working as Junior Interns. The qualifying M.D. examination consists of M.C.Q.s only—there are no vivas or clinical examinations. The residency programme varies not only from one state to another, but also from a hospital to hospital. The General Surgical Residency at U.C.S.F. involves a year of internship, followed by five years of residency during which the resident passes through all subspecialities of surgery, including being an anaesthetist for two months and a few months as a resident pathologist during the 2nd year. The Chief Resident goes into private practice before he takes his General Surgery Board.

The ward on the 9th floor is divided into two units, 9-East and 9-North South, the latter being the stronghold of the Blue team. This unit consists of 33 beds, a day's stay costing about $125.00. Each patient has a telephone and a choice for the use of a colour television. The beds had remote-control switches for posture adaptation. The rooms and the corridor had two-way loudspeaker system, operated from the nursing bay at the junction of the two units. This particular floor was lucky to have a pharmacy situated behind the nursing bay, thus providing the vital services of the resident pharmacist, who kept an eye on the drugs prescribed to the patients and warned the clinicians of any interacting drugs that may have been prescribed unwittingly. This not only provided a valuable service but also an educational insight into the up-to-date nature of the various drugs.

Two business rounds were held daily, one in the morning with the junior resident, the intern and the junior interns and the other with the chief resident in the afternoons. Therefore my first day began with a 6.30 a.m. round where the two students presented the progress of their patients, including any laboratory data sent over by the clinical chemistry's computer. Their views on the further management of their patients was heard and suggestions made by the two medical officers if something was missed. These rounds thus took place regularly, at the end of which we usually had breakfast in the "San Francisco Dining Room" before going on to the theatres.

I was scheduled to be first assistant to one of the professors for a possible radical mastectomy on a 60-year-old patient. The anaesthetic was administered only in the presence of the surgeon. Ethrane/nitrous oxide/oxygen is the commonest mixture used. The xerography copies of the breasts showed an area of denseness and calcification in the left breast. While we started an 8-minute scrub, one of the nurses slipped on a pair of sterile gloves and carried out a timed 5-minute "Betadine" preparation of patient's left thorax. Before we began, two sterilised handles were provided which fitted on to the adaptor heads on the spot-lights, thus giving the surgeons freedom to adjust the lights as they may find fit. After a positive frozen-section histology, the radical mastectomy was carried out. As was common to all surgeons there, the scalpel was used for the initial skin incision only and thereafter their beloved "Bowie" (diathermy) was used to cut and coagulate small bleeders. Six hours later the final stitches were placed and the anaesthetist passed a nasal tube to maintain the airway while the

patient was coming around. I wrote the post-operative orders which included admitting the patient to the "post-anaesthetic room" (where the nurses were permitted to give intravenous analgesics), the final diagnosis, frequency of the vital signs to be taken, bedrest, diet, record of input and output, medications, laboratory investigations and instructions to call the H.O. when the safety limits of the vital signs was trespassed. A brief operation note was also placed in the progress notes. Feeling rather run down after holding on to the breast for the last six hours, I staggered to the changing room and as I was just about to sit down, the overhead loud-speaker boomed, *"Dr. Ruparelia . . . you have forgotten to collect the boob!"* Observing the rather puzzled look on my face the Attending smiled and explained that the student normally collected the excised specimen from the theatre and deliver it to the pathology department on the next floor. The excised breast was promptly collected and delivered to the pathologist. Finally, at night, the day's post-operative patients were checked and further orders prescribed should a necessity arise.

And such was the day's schedule for the next five weeks, the team assisting at surgery for a minimum of three days a week, there was a fair turnover of patients, 10-15 admissions per week, either for surgery or for investigations. I was on call every other day and alternate weekends. The patients were "worked up" by the junior interns and checked over by the intern or one of the two residents. Admitting orders were prescribed to allocate a bed to the patient and investigations and medications started. The chief resident was on call every night while the junior resident and the intern alternated for "active" duty. All three went home in the evenings but were always available for help on their long-range beepers or could be rung at their homes, thus leaving the care of the patients in the hands of the junior interns but always being at hand in emergencies. A wide variety of general surgical cases were observed: Crohn's Disease, diverticulosis, carcinomas of the pancreas, rectum, colon, breast and thyroid, thyroiditis, peptic ulcers, ulcerative colitis and, as a bonus, a family with Sipple Syndrome—to name but a few.

One morning, I had just finished admitting a patient when the theatres called saying that the attending and the chief resident needed an assistant for an abdominal surgery. I changed, scrubbed and joined in when the two surgeons had already opened the abdomen. About 15 minutes had passed when I felt the patient's arm moving under the sterile drapes. Turning to the anaesthetist I politely pointed out that the patient was slightly awake to which the patient himself replied, "I sure hope so, Doc! I've only got a spinal in." This incidence reflects a fairly wide use of spinal anaesthesia in those unsuitable for general anaesthetic and also that the patients are well educated medically and aware of all the procedures and drugs used in their management.

Apart from the daily routines mentioned above, a Professors' round was held once a week where the Attendings discussed the treatment of their patients and provided a formal teaching round for the students. The interesting patients from various firms were

presented at the weekly grand-rounds while a D. and C. meeting was held fortnightly. The hours were long and often tiring but the practical experience gained in the management of patients was invaluable.

I left the Blue team at the end of June to start a fortnight's rotation in Plastic Surgery. There were two residents on this service, Drs. Mike Kamper, the chief resident, and Mike Brownstein. Both surgeons had done a year's internship, five years of general surgery, two years in the Forces and were doing the final two years to qualify as Plastic Surgeons. A fair amount of cosmetic and reconstructive surgery was seen in the short period of two weeks. Twice a week, outpatient surgical manoeuvres were performed and once a week, surgery involving general anaesthesia was carried out at the Moffitt's theatres and one morning a week at the Veterans Administration Hospital, which is attachd to U.C.S.F. This hospital also catered for all the veterans with surgical hand problems. Blephroplasties, rhinoplasties and small skin-grafts were done as outpatients while augmentation and reduction mammoplasties, abdominoplasties, mandibular fracture reductions using arch-bars, excision of hydadenitic areas followed by skin-flap rotations were carried out in the main theatres. As there was no intern on the service, I assisted at all surgeries and a lot of cutting and suturing experience was gained here though two weeks were obviously not enough. The whole of Friday every week was devoted to an outpatient clinic where the Plastic Surgery Advisory Panel assessed the patients. My elective finally came to an end in July.

Dr. J. Englebert Dunphy, the Chairman and Professor of Surgery, (who sends his warm greetings to Professor McColl, Mr. Ellis and Mr. Blackburn) has indicated that he will be delighted to consider candidates for surgical electives during the Spring only, mainly because during other times the whole of United States seems to converge on to San Francisco and priority has to be given to the home students during other times of the year.

The University does not pay stipends to students so those that can afford to pay their own way may be the only ones who would consider going there. Those who wish to obtain further information regarding the electives offered in any speciality should write to :

The Dean, School of Medicine, University of California, San Francisco, California 94143.

I will be only too glad to help if further assistance is required.

B. A. RUPARELIA (East Wing).

May I take this opportunity to dedicate this article to those who made this elective a most memorable one, to the Guy's students who may go there in future and, above all, to my ~~patients~~ parents without whose generous financial contributions this elective would not have materialised.

LONDON BRIDGE CAMERA CENTRE

for all your Photo Needs

Save on COLOUR FILM

DEVELOPING. Colour and Black and White developing and printing service..

REPAIRS BY EXPERTS. Repairs to all kinds of photo equipment. FREE ESTIMATES. All work guaranteed 6 months.

ALL KODAK INSTAMATIC CAMERAS AVAILABLE AT 10% CASH DISCOUNT.

Note well When ordering.	Our rate for minmum order 5 films	Our rate for 10 or more films
KODACHROME		
16mm 100 winding B or normal	£3.90	£3.75
35mm—36 ex cassettes X or II	£1.75	£1.68
35mm—20 ex cassettes X or II	£1.28	£1.21
Standard 8mm D or A	£1.45	£1.39
Super 8 cartridges	£1.70	£1.64
KX-126-20 Instamatic	£1.28	£1.21
EKTACHROME		
160 Super 8	£1.40	£1.35
AGFA		
35mm—36 ex cassettes CT18	£1.75	£1.68
20 ex 135 or 126	£1.28	£1.21
C13 standard 8mm	£1.40	£1.35
Agfachrome Super 8	£1.70	£1.64

POLAROID		
Swinger B & W	65p	63p
87 B & W	90p	87p
88 colour	£1.50	£1.42
107 B & W	£1.10	£1.05
108 colour	£1.90	£1.80
ANSCO		
ASA 64/20	£1.28	£1.21
ASA 64/36	£1.75	£1.68
ASA 200/20	£1.50	£1.40
ASA 200/36	£2.00	£1.92
ASA 500/20	£1.70	£1.60
ASA 500/36	£2.20	£2.10
FUJI		
R100 135—36 ex	£1.70	£1.60
R100 135—20 ex	£1.20	£1.15
R25 single 8	£1.70	£1.60
PERUTZ		
135—36 ex-C19	£1.70	£1.60
ORWO		
UT 135—36 ex	£1.30	£1.25

All "process paid" except Ektachrome and PCF. Post free but we recommend **Insured Post** at 25p extra per parcel as this enables claims to be made for loss or damage in post. Kodak PCF 135-36 High Resolution Film 200 lines per mm. 16 ASA. E4 Process. **£2.00** each.

43 LONDON BRIDGE ST. LONDON SE1 (Forecourt of London Bridge Station) **Tel: 407 5759**

1974

Many subscriptions are still overdue. Please fill in the form below and return banker's order form or cheque to the *Gazette* Office.

BANKER'S ORDER FORM FOR SUBSCRIPTION

To Messrs. ..... Bankers

.....

.....

Please pay the sum of £2.50 to the Credit of Guy's Hospital Gazette Account at the Midland Bank Ltd., (Southwark Branch), 28 Borough High Street, S.E.1., on the

..... day of ..... (MONTH) 19..... (YEAR)

and ANNUALLY THEREAFTER, and charge same to my account.
40-06-21 **This cancels my previous order.**

Signature .....

Address .....

£2.50 Date .....

To the Manager,
Guy's Hospital Gazette,
Guy's Hospital, LONDON, SE1 9RT.

Please find enclosed herewith my annual subscription to Guy's HOSPITAL GAZETTE of £2.50.

Name (in full) .....

Address .....

Date .....

GUY'S HOSPITAL

Dental Ball

SATURDAY, 26th OCTOBER, 1974

7 p.m. for 7.30 p.m.

Cunard International Hotel

ONE SHORTLANDS, LONDON, W.6

★ ★ ★

Double Tickets £7.50

★ ★ ★

Tickets obtainable from:

MISS M. DIBDEN, Ball Secretary, East Wing

The Ancillary Workers' Dispute—
An Alternative Approach

Our primary aim as doctors should be to preserve health, and yet, in our medical education and in the emotional, intellectual and material rewards we get from medicine, the major emphasis is on treatment rather than prevention. One undoubted reason for this is that crisis intervention medicine sets doctors apart from ordinary mortals, emphasises our professional skills, and enhances our status in society. It is good for our self esteem, an esteem which is regrettably too often a motive force for our actions. Our attitude towards the ancillary workers' militancy exemplifies this. In their attempts to secure a living wage and to emphasise their vital role in the Health Service, many of them have been driven to strike.

At no stage in the long campaigns leading up to the strike did doctors attempt to help them, either by supporting their financial demands or by insisting that all health workers should have an effective say in the running of the Service. Yet we all know that doctors have a powerful voice, and that when their own aspirations are threatened, that voice booms over loud and clear, even threatening strike action to attain their ends. These same doctors, whose demands are heard and met, criticise their fellow health workers, many of whom are as yet ignored and unrewarded. It is time that doctors put aside their double standards of allowing militancy for themselves, but not for others. It is time that doctors put aside their concepts of professional superiority and learned to value other health workers as equals in the Service. It is time that doctors realised that if nurses, technicians or porters strike, it may be because doctors, the self-appointed leaders of the profession, have failed in their responsibilities toward their colleagues. If, as a result of the present problems we learn to demolish the barrier between various sections of the Health Service, to ensure fair say and pay to all members and to work together towards this end, then at least we will have achieved something worthwhile.

Robin Stott.

COOK'S PATHOLOGY

by Jane M. Fullerton

"That was a way of putting it—not very satisfactory.
A periphrastic study in a worn out poetical fashion.
Leaving one with the intolerable wrestle
With words and meanings."—*T. S. Elliot.*

Having spent one's working life in the fields of Pathology in the United Kingdom it came as a minor shock to discover that, when one started to teach the subject in Nigeria, the problems in communication that this subject presented. It was there that I realised how many pathological descriptions of mainly a culinary nature which are self-explanatory to us, mean and convey absolutely nothing to the Ibo—the objects do not exist out there.

When teaching in Eastern Nigeria one could not depend on an uninterrupted electricity supply owing to sudden storms and other causes so that lectures and classes requiring electricity were liable to sudden changes. After many interruptions I suggested to the students that I would have a lecture devoted to clearing up any difficult points in the next light failure, if they left any suggestions in my office (this was approximately half-way through the ten-week course). I had no idea what to expect but this is what the class of sixty students produced as a subject of lecture:—

"Can you explain what the following descriptive terms mean? What is :—

i. an oat—oat cell carcinoma
ii. a strawberry—strawberry gallbladder
iii. a thrush's breast—thrush breast heart
iv. sugar icing—spleen
v. sago—spleen
vi. caseous—pus
vii. swiss cheese—endometrium
viii. a berry—berry aneurysm
ix. prune juice—sputum
x. nutmeg—liver
xi. unripe pear—schirrous carcinoma of breast
xii. cauliflower—papilliferous growth
xiii. cherry colon—co poisoning"

With the aid of the blackboard and some coloured chalks one managed to resolve most of the problems such as comparing an "oat" with the long grained rice with which they were familiar.

When this particular lecture was finished, one of my Nigerian colleagues, who had spent a long time in England, came into the lecture, looked at the blackboard and said "Doctor Fullerton, we thought you were teaching Pathology, not cooking".

On returning home I sought the help of the Oxford Dictionary for definitions but what use is the definition for "Prune juice—dark reddish colour of the juice of a prune" if you haven't seen a prune or "Caseation—a degeneration of morbid products into a cheesy material" if you have no familiarisation with soft cheese?

These remarks may make some of our readers smile but I find, even here, that many students are not familiar with the appearance of a grated nutmeg and I have also discovered that some don't know what "schirrous" means. In reflection do we re-write the text books for universal readers or do we give medical students a comprehensive illustrated cookery and horticultural lecture?

NURSING

New Jobs for Whom ?

The new Health Service has now been in existence for five months, and apart from the fact that its inception has caused widespread upheaval and discontent in the higher echelons of its society, those who actually constitute the main work force might be forgiven if they wonder why the change was necessary and what, if any, will be its benefits.

In order to ensure full compliance with Parkinson's Law, there have been, of course, many new jobs created in the reorganisation. This might be considered by some to be an advantage, and to give better career prospects to many nurses, but owing to the emergence of one very clear fact, there does appear to be good reason for this hypothesis to be in doubt.

When these new posts are advertised in the relevant journals, there are in many instances very few details given regarding the type of people required to fill them, or the work entailed. Such nebulous phrases as "suitably qualified nurses" are used with no indication of what the level of qualification or indeed of experience is required in order to successfully undertake the job. Furthermore, if one requests to see a description of the responsibilities involved, it contains very little definite information regarding the matter. One can only conclude from this, that as with most aspects of the new Health Service, no adequate plans were made prior to its introduction. Those people who are now occupying the most senior positions are having to make appointments for posts about which nobody has any concrete plans. The impression gained then, is that the advertisements are published, and the successful applicant appointed on the basis that they are the one with qualifications which with luck may resemble those which might be suitable, but the procedure does seem to be a little uncoordinated, and destined to cause frustration quite apart from the waste of money involved in unnecessary postage costs.

The Health Service has never been renowned for its outstanding efficiency, and it seems that any which did exist is soon doomed to extinction. Politicians, it seems, are totally unaware of the fact that there are people and not machines for whom legislation must be made. These people, being human, both feel and think like they do, and frequently do it much better. Since in the Health Service there is the largest group of workers in the country, it might prove beneficial if at times their opinions were sought, instead of introducing ill-planned schemes purely to ensure the Government greater powers.

CORRESPONDENCE

"Back to Nursing"

SIR,—Having recently completed two years of nursing after a seven-year break, I was delighted to read of the implementation of a "Back to Nursing" course at Guy's. This must remove some of the fears of those hesitant about returning to the ward, with its new-fangled equipment and methods.

May I say that, after the initial shock of being once more a "Staff Nurse", confidence does return. One realises that the basic requirements of a good nurse remain the same as always and that one has even gained a little in patience and understanding during those years of domesticity, which I appreciated.

Yours faithfully,

DIANA L. HALL.

The Rectory,
Strumpshaw,
Norwich.

No Time for Summer

SIR,—We were interested to see your Passim in the July *Gazette* considering the possibility of punting on Great Maze Pond. If it has not yet percolated as far as the *Gazette* office that the Health Service is on the verge of collapsing about our ears perhaps the following information may be of use to you.

For some weeks members of the Confederation of Health Service Employees have been refusing to admit "cold" cases to the hospital in support of the nurses' pay claim. Those people standing outside the main gates wearing armbands are not merely passing the time of day; they are A.S.T.M.S. physics technicians picketing the hospital in an attempt to force the D.H.S.S. to implement a restructuring of their pay, which was promised three years ago. Have you noticed your volume of mail decline recently? If so, that it probably because this picketing has twice deterred the G.P.O. from making deliveries. For further information we would suggest that you read any of the national newspapers, watch the television news, or even talk to a few of the people in the hospital who are expected to live on N.H.S. wages.

On a more trivial level, you did not report on the last Union General Meeting or the Extraordinary General Meeting on catering, both of which were controversial and well-attended. In the past the *Gazette* has been an enthusiastic supporter of the new union constitution, and has produced articles on the subject. Would it be unreasonable then to ask the *Gazette* in its own words "to work in the spirit in which the new constitution was established", by performing its established role of informing us about the goings on elsewhere within Guy's?

Yours faithfully,

East Wing,
Guy's Hospital,

JANE BAILEY,
DAVID R. FINE.

BOOK REVIEWS

"Aids to Undergraduate Medicine". J. L. Burton, M.D., M.R.C.P. Illustrated. £1.00. Churchill Livingstone, London.

It takes a bold and confident man to publicly spell out the claims of his opponents, especially when he, himself, is their direct target, apparently unprotected or at least uncamouflaged. Dr. J. L. Burton has done this (in his preface) by following up the vastly successful "Aids to Postgraduate Medicine" with his "Aids to Undergraduate Medicine".

Such cram books are easy to condemn by medical educators but it is the fool who would be prepared to use this book as his sole reference for final M.B. The author has compiled skeleton lists for each section and, together with a few choice illustrations, these are a most useful aide memoire for the examination candidate. It is such lists that many students make up for themselves from standard textbooks and journals in their preparation for

"dies irae", and even the most impoverished student would gladly invest £1 for the job to be done thoroughly, comprehensively and accurately by an expert. Of course, many proud students would not be seen carrying such a precious gem around the medical school; but be not ashamed, it fits snugly into the pocket of a white coat!

"A Pocket Atlas of Arrythmias". Neville Conway, M.R.C.P., pp. 200. Illustrated. £1.50. London: Wolfe Medical Books.

Although this conveniently sized book is intended primarily for the use of nurses in coronary care units, cardiac catheterization and recovery rooms, it will also be most useful to medical students and housemen keen to improve their interpretive abilities on E.C.G.'s.

Each trace is faced by several lines of concise, explanatory text, including cross references. Due to the book's limited objective and space, the author has sensibly laid greatest emphasis on the more important arrythmias. There is, nevertheless, extensive and comprehensive coverage on ectopic beats, tachycardia, atria fibrillation and flutter, heart block, pacing and ventricular tachycardias. I am sure the novice E.C.G. decipherer will appreciate the introductory sections concerning normal appearances and recording faults.

"The Medical Handbook to end all Medical Handbooks". Dr. L. Pheasant, pp. 159. Illustrated by Paul Rigby. £2.50. Wolfe Publishing Ltd., London.

The fly-leaf claims this as "possibly the funniest book ever written on medicine and the medics. Everything you've ever wanted to know about the profession and its customers—and a thousand things you'd rather not know". The lay public are becoming increasingly more aware and supposedly educated about the medical profession through such books and the TV medium. However amusing these presentations may be, they rarely reflect an accurate picture of medical life even though there may be an occasional flour bomb at a hospital's Rugby Cup final to confirm the legend of the doctor's pantomime life. Be that as it may, it obviously makes good entertainment and it is what the public want. The author, with this and an element of Richard Gordon in mind, has, in my opinion, given them a little too much of what "they" want. Bearing these "cons" with caution, there are inevitably an equal number of "pros" that may persuade the compulsive light comedy book buyer to invest in this somewhat charming present. Dr. L. Pheasant often uses the maxim "you can't keep a good joke (however old) down". He tells us of TV and its influence on general practice. How to deliver a baby while watching the test match. Showmanship in surgery such as removing the umbilicus for an encore, and gynaecologists . . . especially the one who said to the dentist, "I don't know how you can spend your life looking down people's throats". The excellent illustrations of Paul Rigby deserve special mention; one wonders how the publishers resisted the temptation of including more of these marvellous cartoons. Whatever hopes the author may have seriously had that this should be "the last medical handbook", I fear there will be others. Perhaps it's nice to know that the medical profession is always capable of evoking such public curiosity.

"The Basis of Clinical Diagnosis". R. A. Parkins, M.D., F.R.C.P., and G. D. Pegrun, M.D., M.R.C.P., pp. 290. Illustrated. Paperback. £4.00.

It may be claimed that with the wealth of books aimed as an introduction to clinical medicine for junior medical students there is hardly need for another, let alone a paperback at £4.00. This book, however, bears witness to the fact that for the production and education of clinically competent students, a good, sound beginning is essential. The authors include an instructive and chatty introduction on history and examination. They assume the reader is a complete novice (a justifiably sympathetic assumption) and skilfully make him

feel competent at the end of this excellent chapter. Each successive chapter takes each system in turn and deals with structure, normal and disturbed function, symptoms, physical signs and their interpretation and relevant clinical tests. I particularly liked their generous collection of x-ray plates which have been reproduced as clear, full-page illustrations. These, in addition to pictures of well-documented physical signs, make this an outstanding volume. The page layout is most attractive and together with the pleasing print-type, the edition is uncannily seductive to wile away any spare moments the junior clinical medical student may have.

C.E.H.

SPORT

The 1974 Sussex Cricket Tour

The serious drinkers of the team assembled at Thatchings on the Friday before the first match, together with 14 nurses who turned up wearing genuine Guy's sweaters and determined to encourage us to victory against Pagham. Predictably, Steve "I'll catch you up" Taylor arrived at 4 p.m. of the afternoon of the first game together with the kit!

Alban "will you take a cheque" Davies brought along his brother Jonathan "give us a quid" Davies"—an altogether saner person who turned out to be a brilliant cricketer despite his remarkable resemblance to Tin Tin!

Throughout the week a very good time was had by all and, as usual, the team endeared themselves to the other occupants of Thatchings! The Thatchings "Rest Home" was, as always, superb and Janet looked after us wonderfully well despite being woken up at unreasonable hours most early mornings. Our most sincere thanks to you, Janet, and to all at Thatchings who helped make our tour so enjoyable.

There were many memorable moments not least of which was Alban attempting to eat a tree and losing the battle! A small amount of alcohol was generally consumed which led to heavy betting on silly competitions such as flower eating. Champion eater was John Rees but even he failed to master those horrible pink ones!

"Grokel" of the week title was awarded to the Bognor 2nd XI player who couldn't understand the three-man-lift or "clap-clap"—but then, neither could Brian "I'll get the hang of it" Everett who, in fact, did.

The captain, John "straight man" Wright, behaved impeccably throughout the first four days (through no fault of his own) and even managed to win the golf for the 3rd year running (by using a very strange scoring system)! However, he departed suddenly for Morocco after discovering a lot of hot air in his room one morning.

Most nights midnight swims were taken by members of the team and, on the whole, very few hangovers were in evidence at breakfast time. Drinker of the week was Bob ("the belly") Jones who didn't get breathalysed once and, talking cars, I remember a remarkable statement from John Roche who informed us of his discovery that "volvo bonnets are comfortable"! Idiot of the week award went to Angus ("the berry") Kingon who wiled away the small hours of most mornings watching birds (the sort that are covered in feathers)!

Oh, the cricket! The first match at Pagham was undoubtedly the most exciting of the week, with a very tense finish. Guy's, after a good start, were bowled out for 124. Pagham won by 3 wickets but with only 3 balls to spare (it was a 40-over game). The cheer-leaders became carried away with excitement but provided each member of the team with a beer as they left the field, and then didn't come and watch us again. The highlights of this match were the exceptionally good bowling by the brothers Davies and the excellent fielding by all.

A wet morning restricted the Bognor game to 35 overs but they managed to score 200. After another good start had ended with Mark Winter running out Chris ('the crip") Langdon, Guy's collapsed and just failed to reach one hundred. Jones, who had consumed many Bacardis, went out to bat, fell asleep while propping himself up against the stumps and was used to roll the wicket instead.

The weather cheered up for the Worthing game and John ("I'll eat it) Rees scored an excellent unbeaten century. His efforts were almost thwarted

by Shant Khan (whose nick-name is unprintable) who felt distinctly ill all day. Guy's scored 197 for 6 in their 40 overs but were beaten by 4 wickets by a strong Worthing side despite the excellent fielding of "the crip" who generally saved 2 at silly mid-off and bowled the last ball of the day standing on his good leg!

At Middleton another good start (Longdon 44) was squandered by the middle order and we were dismissed for 125. However, Middleton only scored the runs for 7 wickets due to some fine bowling and a very alcoholic evening followed.

The final game at Cuckfield saw eleven very tired Guy's men take the field much too early in the morning and Cuckfield were allowed to declare at 234 for 5. After an opening stand of 60, the score crumbled slightly, but some healthy blows by Paul "cowboy" Wilmer and some excellent batting by Tin Tin saw us through to 175 for 5 at the close, with a very fine six by Alban Davies off the last ball of the tour as a fitting end.

Jones' little red car found its way mysteriously into the nets after this game and its path was blocked by the heavy roller (the real one, not Jones)! Apparently he got it out in one piece.

All in all we performed quite well both on and off the field and certainly did not disgrace ourselves. A marvellous tour in every way—here's to the next one!

Chris Langdon.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st September, 1974

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton — Mr. E. J. Oram *3 months*; Mrs. E. J. E. Stearns *6 months*; Mr. D. J. Scott *6 months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg and Dr. Grahame — Mr. G. B. Tobin *3 months*; Mr. P. R. Willicombe *6 months*

Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble — Miss J. M. Krafft *3 months*; Mr. J. G. Prior *6 months*

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling — Miss D. B. Carter *3 months*; Mr. A. M. Weindling *3 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. F. T. Cordingley *6 months*; Mr. D. J. Jones *3 months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mr. G. W. Bergman *3 months*; Mr. K. N. Bullock *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mrs. J. M. A. Haworth *3 months*; Mr. P. N. Plowman *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Miss A. Ouyang *3 months*; Mr. P. G. Reasbeck *6 months*

Gynaecological House Surgeon

Miss A. Z. S. Rohatiner *3 months*
Mr. R. K. J. Forber *6 months*

Throat and Ear House Surgeon

Miss F. M. M. Rochford *3 months*
Mr. M. P. Stearns *6 months*

Orthopaedic House Surgeons

Mr. N. J. Odom *6 months*
Mr. D. H. O. Lloyd *6 months*
Mr. R. C. B. Odgers *6 months*

Genito-Urinary House Surgeons

Mr. B. D. Rix *3 months*
Mr. R. J. Mann *6 months*

S.H.O. to the Renal and Transplant Unit

Mr. A. James *3 months*
Mr. P. J. Harrison *6 months*

Children's House Physicians

Mr. E. J. Evans *3 months*
Miss P. M. Curran *6 months*

Casualty Officers

Mr. G. M. A. Heaton *3 months*
Mr. W. H. Konarzewski *3 months*
Mr. P. M. Mowschenson *3 months*
Mr. R. B. Kinder *6 months*
Mr. K. Clifford *6 months*
Mr. P. Ranger *6 months*

Resident Obstetrician

Miss N. Rizvi
3 months
Mr. S. K. T. Neofytou
1 month
Mr. C. H. Zuckerman
6 months
(commencing 1.10.74)

Neurological House Physician

Mr. T. Kidger
6 months

Dermatological House Physician

Mr. W. A. C. McAllister
6 months

House Physician in Child Psychiatry

Miss M. A. S. Morton
3 months

House Surgeons to the Thoracic Unit

Mr. R. J. M. Pascoe
3 months
Vacant
6 months

House Physicians to the Department of Psychological Medicine

Mr. J. S. Strang
6 months
Mr. P. Van Boxel
6 months
Miss P. Early
6 months

Resident Anaesthetists

Mr. D. M. Gillman
3 months
Mr. G. J. Baldock
6 months
Miss A. Okou
6 months
Mr. P. Gartell
6 months

Senior House Officers to Nuffield House

Vacant
3 months
Mr. J. Miller
6 months

Children's House Physicians at the Evelina Hospital

Mr. J. C. Davies
from 1.4.74 — 30.9.74
Miss J. C. Duffell
from 1.6.74 — 30.11.74
Mr. B. Fisher
from 1.8.74 — 31.1.75
Miss M. Munir Ahmed
from 1.10.74 — 31.3.75

Casualty Officers at the Evelina Hospital —Part-time

Mrs. M. Victor-Beza
3 months
Mrs. P. M. Rogers
6 months

S. OLAVE'S HOSPITAL

House Physicians	Mr. J. A. Dick *3 months* Mr. P. A. N. Hutton *6 months*
House Surgeons	Mrs. J. J. Pascoe *3 months* Mr. J. G. C. Wright *6 months*
Gynaecological House Surgeon	Miss G. R. Uma Bai *6 months*
S.H.O. in Psychiatry	Mr. T. R. E. Barnes *6 months* Mr. P. J. Leiberman *6 months*

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology	Mr. R. M. Rowland *3 months* Miss W. C. P. Lee *3 months* Miss M. C. Dick *6 months* Mr. S. G. Edmondson *6 months*
Orthopaedic House Surgeon	See under Guy's
S.H.O. to the Rehabilitation Unit	Mr. D. J. Doyle *6 months*

BECKENHAM HOSPITAL

House Physician	Mr. M. J. O. Coe *6 months*
House Surgeon	Mr. R. D. Armstrong *6 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Thomson	Mr. P. R. Kettle *6 months*
House Physician to Dr. Eliot, Dr. Colover and Dermatology	Mr. L. D. Culliford *6 months*
House Physician to Dr. Mallinson	Mr. J. P. Lewis *3 months*
House Surgeon to Mr. Williams, Mr. Park and Mr. Stoker	Mr. C. J. K. Ellis *6 months*
House Surgeon to Mr. Williams, Mr. Park, Mr. Stoker and Mr. Candy	Mr. C. M. V. Wright *3 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. S. J. Doyle *3 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. B. M. Young *3 months* Mr. P. E. Lewis *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Miss T. Richards *3 months*
House Physician to Dr. Roberts	Mr. R. S. Armstrong *3 months*
House Physician to Dr. Llewellyn-Smith	Mr. J. Richardson *6 months*
House Surgeon to Mr. Lynn Evans	Mr. A. J. Hall *3 months*
House Surgeon to Mr. Ivo Smith	Mr. M. Lim *3 months*
House Surgeon to Mr. Monty	Mr. S. D. Milne *3 months*
House Surgeon to Mr. Le Brun	Mr. D. J. Brown *6 months*
House Surgeon to Mr. Cavendish	Mr. R. W. D. Nickalls *6 months*

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Thomson and Dr. Mallinson	Mr. J. M. Haworth *3 months* Mr. G. M. G. McClure *6 months*
House Surgeon to Mr. Candy and Mr. Stoker	Miss H. J. Gilford *6 months*
House Surgeon to Mr. O'Flynn	Mr. A. W. Ellis *3 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and Mr. Lam	Mr. D. M. Preston *3 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Miss C. M. W. B. C. Carter *3 months*
House Surgeon to Mr. Boxall and Mr. Lam	Mr. P. W. Young *3 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. C. A. Bevis *3 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. C. G. Chinery *6 months*

PEMBURY HOSPITAL

House Surgeon	Miss B. K. McLeod *3 months*
	Miss H. Dow *6 months*
House Physicians	Miss A. M. M. Evans *3 months*
	Miss S. A. Gallagher *3 months*
	Mr. L. D. Ross *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. R. A. Botha *3 months*
	Mr. C. R. Pascall *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. N. P. Byrom *3 months*

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

July 1974 Final Examination

Miss L. Atkinson	Miss S. B. Major
Miss R. J. Buckler	Miss D. D. McCabe
Miss L. A. Hamilton	Miss S. M. McCaig
Miss P. A. Lee	Miss J. Rowell

GUY'S HOSPITAL GROUP SCHOOL OF NURSING

January, 1971, Set

Susan Frances Barber	Helen Maria Symes
Hilary Bolt	Anne Julia Thacker
Theresa Anne Brewer	Marilyn C. Thomas
Amanda Myra Caley	Susan Ann Turner
Caryl Vivienne Collins	Judith M. Walton
Susan T. Copeland	Elaine Mary Wood
Jill Mary Dear	Phyllis G. A. Woodman
Caroline Jane Dixey	Maureen Ann Carey Woodmason
Susan Mary Drake	Soon Cheng Cheah
Sally E. Driscoll	James Joseph Coleman
Gillian Mary Earney	Angela Merle Dowrich
Heather M. Eastwood	Bridget Goretta Drum
Stella Ann Everest	Karen Louise Evans
Anne J. Franklin	Thevaki Heath
Marie Gray	Hassenjee Hosseinbukus
Laura Jane Henderson	Sophia King
Anne Henry	Magina Kurangwah
Christine Jenner	Ratanapan Nagasiri
Kathryn Rose Jowett	Tien Choo Oh
Bholanath Joyejob	Enoch Osei
Morag Elizabeth Kean	Deborah Parr
Frances R. Lancashire	Cecilia Ezeakor
Elizabeth Lane	Jeanne Anne Hayward
Susan Mary McDonald	Barbara L. Hutchings
Rosemary Ann Mullen	Genevieve Sylvana Ofori-Kuma
Mary Agnes O'Neill	Barbara Joyce Pulman
Christine A. Pounsford	Christopher C. Barr
Eleanor Ann Powell	Jennifer M. Clarkson
Caroline Laura Prince	Irene Lydia Lacey (née Harris)
Pamela Susan Richards	Shameer A. Majeed
Julie Ritson	Marja-Leena Rautio
Sian Toni Roberts	Eilzabeth Tucker
Jane Walker Smith	
Angela M. Soltys	
Judith Mary Stephens	

UNIVERSITY OF LONDON

3rd B.D.S.

June, 1974

Pass List

Honours

N. M. King
(Distinguished in Orthodontics)

Pass

D. J. Allison	V. K. Maini
R. A. Burn-Murdoch	R. H. Miller
I. C. Dutton	Geraldine F. O'Connor
R. A. Elliott	D. R. Pickering
S. B. Frost	Anna M. Quilty
R. Hartley	K. A. Sheppard
J. R. T. Hayward	Sandra Wills
R. J. Ibbetson	
T. P. McDonnell	

Part I

C. D. Allen	Ceinwen M. Jones
Janet E. Allonby	F. K. Kirkpatrick
Elizabeth Anwar	Sandra E. Kitchen
Susan E. M. Arthur	A. M. Lester
I. S. Bell	Jane E. Maunder
P. Bernsten	C. D. May
Pauline Booth	T. S. May
M. T. Bostock	N. M. Moolji
J. A. Brazier	Belle S. Mooney
M. A. W. Bunyard	D. M. New
D. P. Collins	J. G. Owen
R. Cording	Marilyn D. Pascoe
Madeleine L. Crowley	D. J. Petty
R. C. Davies	I. Phoenix
Melani J. Dibden	J. Pieniazek
C. C. Dowdeswell	R. Poulter
Christine A. Elliott	J. R. Radford
M. A. Epps	Caroline Rix
R. P. Evans	A. V. Smith
B. S. Everett	Clare M. Sova
E. Fan	B. J. M. Stek
S. R. Flint	J. R. Stenberg
J. M. Forbes	Caryl E. Sycamore
G. N. P. Gibbs	Coryn P. Taylor
M. G. Gilhooly	S. D. B. Taylor
Judith M. Girdlestone	G. P. Unsted
Sandra I. Grant	J. P. Vlitos
C. W. Hendy	R. W. Wassell
Susan M. Hooper	P. S. Watkinson
Irfana S. Hussain	B. J. Westwood
N. M. Ismail	Chee Wai Wong
L. B. Jacobs	R. C. Woodward
N. Jaffer	Ching-Wah Yung

Part II

C. J. Campbell	R. H. E. S. Kirschen
R. N. W. Clark	Jennifer R. N. Nabarro
J. E. Dyson	D. B. Robinson
I. M. Freiberger	Belinda J. Springett
Margaret H. Gair	R. J. H. Steel
C. Hooper	R. Terry
N. S. Jones	C. D. Williams

Part III

J. V. O. C. A. A. Almeida	Helle-Vibeke Knudson
Janice Baker	Rosali Lamensdorf
R. A. Beioley	J. C. Leach
J. Burgess	A. J. H. Markham
	Judith Maw

A. M. Campbell
H. T. Davies
G. R. W. Edgar
G. P. Feaver
J. A. Fewster
N. L. Fisher
Margaret H. Gair
R. Glazebrook
J. H. Harker
D. S. Harper
N. D. Hatton
Yvonne M. Hodges
G. A. Irvine
M. W. Jones
N. S. Jones
P. R. Jones
J. P. Kaspar
A. M. Kingon
R. H. E. S. Kirschen
E. Olsen
R. Omar
G. H. Rhimes
J. F. C. Schnetler
J. A. J. Serenyi
A. J. S. Smith
P. B. Smith
Belinda J. Springett
R. J. H. Steel
C. P. Stuart-Bennett
D. G. Sykes
M. P. Szasz
R. Terry
P. Treasure
S. J. W. Twiggs
R. S. Vivian
J. T. Wade
Menna Wilkins
M. A. J. Wills

GUY'S HOSPITAL
GROUP SCHOOL OF NURSING

List of Successful Candidates

May, 1971

Margaret Elizabeth Angell
Christine Armstrong
Rita Jane Bennett
Evanna Mary Bermingham
Jacqueline Elizabeth Bewsey
Donna Jane Bilham
Susan Joy Burton
Caroline Helen Crickmay
Marion Frances Crow
Gina Mary Davies
Mary Davies
Helen Christine De Garis
Michelle Olivia Gladys Dujon
Julia Anne Dunning
Jane Elizabeth Evans
Janet Gardiner
Fiona Geraldine Garner
Elizabeth Anne Gaymer
Jane Patricia Hinton
Caroline Anne Hudson
Amanda Honeyball
Eileen Mary Howe
Margaret Lesley Hunt
Dianne Ingham
Judith Millard Ledbury
Geraldine Margaret Lloyd
Marianne Margaret McLaughlin
Celia Anne Manson
Brenda Frances Marshall
Katherine Jane Gumabay Narag
Siew Yuet Ong
Gillian Margaret Parker
Moira Parsons
Jane Catherine Pateman
Jane Anne Phelps
Jennifer Ann Rankin
Carol June Raynbird
Margaret Anne Reynolds
Pamela Amelia Margaret Robinson
Joy Stokes
Mari Bronwen Thomas
Helen Patricia Townsend
Linda Denise Wallis
Pamela Rita Waud
Theresa Rosemary Webster
Mary Elisabeth Wiseman
Dale Florestine Marie Barzey
Rejoyc Herbetta Boafu
Swee Yong Choo
Christine Drake
Jenab Ebrahim
Ahmed Guerroury
Aleseswa Thomas Kappiarumalayil
Gian Kaur
Annie Lee
Ellen Dympna O'Mahony
Yuke Sim Soo
Kui Hong Tan
Chee Tiang Yeo
Judith Aku
Lynette Carol Gomes
Christabelle Pic-Chun Hsu
Jean Mutyambizi
Antonette Prema Punnudorai
Katherine Phyllis Wood
Jane Elizabeth Murphy

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.

July, 1974

Medicine

C. J. Allen
B. S. Avery
R. D. A. Coxon
Rosemary J. E. Deacon
K. T. Khoo
C. J. N. Lacey
P. R. Nicol
H. D. T. O'Donnell
Melanie G. Sharman
R. P. Fitton
J. E. M. Fox
Anne P. Hemingway
M. J. Hollis
L. I. Sireling
Elizabeth J. E. Stearns
M. P. Stearns

Midwifery

P. J. Adams
N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
R. H. F. Bawden
A. C. Chu
C. Y. C. Chung Hung Tseung
Elizabeth A. Claessens
Noemi J. Cohen
M. R. B. Cottrill
R. D. A. Coxon
P. G. Davies
K. D. Dawkins
Ingrid H. Dodd
P. M. Duckworth
M. A. Durkin
Nuala L. K. Fagg
B. M. Flood
I. C. Forgacs
K. Freeman
Jennifer A. Goodwin
T. J. Goulder
S. A. Green
Jacqueline H. Hawksworth
Anne P. Hemingway
H. W. Jones
M. P. B. Jones
M. A. M. Khan
K. T. Khoo
C. G. Langdon
I. F. Mackenzie
R. F. Massey
P. R. Nicol
P. Nightingale
D. R. Norfolk
C. J. Pugh
E'izabeth Ryman
Melanie G. Sharman
C. Sharp
M. M. Sorefan
G. E. A. Sparrow
Kathleen M. Spencer
J. Squire
D. M. Thomas
P. T. Townsend
Evelin H. Y. Tseng
Sheila L. Tyson
Margaret U. Walter
Angela E. Warren
Margaret J. Watson
M. M. Wheeler
J. B. Williamson
M. J. Wink
M. J. Wiseman
J. Wynn Jones
Zahra F. Zaimi

Pathology

C. J. Allen
N. R. Avery
J. S. G. Bamforth
G. R. Barker
R. H. F. Bawden
A. C. Chu
C. Y. C. Chung Hung Tseung
M. R. B. Cottrill
P. M. Duckworth
M. A. Durkin
Nuala L. K. Fagg
B. M. Flood
Jennifer A. Goodwin
T. J. Goulder
S. A. Green
M. P. B. Jones
M. A. M. Khan
C. G. Langdon
I. F. Mackenzie
R. F. Massey
Victoria R. J. Muir
P. Nightingale
J. G. H. Pearson
C. J. Pugh
C. Sharp
M. M. Sorefan
G. E. A. Sparrow
J. Squire
P. T. Townsend
Margaret U. Walter
M. J. Wink
M. J. Wiseman
J. Wynn Jones

Surgery

R. D. A. Coxon
C. C. D. V. Crawshaw
Alison E. Dick
M. A. Durkin
Patricia A. Godfrey
K. T. Khoo
J. G. H. Pearson
W. A. C. Simpson
L. I. Sireling
R. H. M. Williams

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D.Obst.R.C.O.G.

June, 1974

J. S. Ashworth
N. K. Barber
M. D. Boll
S. R. D. Coles
J. C. Davies
G. C. Dunbar
C. J. L. Logan
E. N. Turfitt
N. O. Yerbury

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

June, 1974

Sir Cyril Clarke, F.R.S., was admitted to the honorary fellowship of the college.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.
June, 1974

T. K. Day
J. L. Hewlett
E. G. Latimer-Sayer
M. A. Lavelle
N. J. Marks
J. O. Soul

UNIVERSITY OF LONDON

M.D.
July, 1974
R. A. J. Spurrell

Ph.D.
June, 1974
R. A. Braithwaite (Biochemistry)

UNIVERSITY OF OXFORD

B.M., B.Ch.
June, 1974

G. M. G. McClure
R. C. B. Odgers

BIRTHS

EDGAR: On 20th July, 1974, to Anthea (née Sutton) and Ashley Edgar a son, Timothy, brother for Nicholas and Barnaby.

SKUSE: On 22nd June, at Lewisham Hospital, to Marion and John Skuse, a son, Timothy Gethyn, a brother for Geraint.

ENGAGEMENT

The engagement is announced between Dr. Michael Appleby of 103 Moorside North, Newcastle-on-Tyne, 4, and Miss Nina Newton, of Foxton, Alnmouth, Northumberland.

DEATH

SURGEON CAPTAIN NOEL ARTHUR HAMILTON BARLOW. On 7th March this year, at the age of 82, at the Royal Naval Hospital, Stonehouse, Plymouth.

CHANGES OF ADDRESS

Dr. and Mrs. D. V. Duckworth, 6 Dellfield Close, Watford, Herts. Tel : 31009.

The. Revd. George and Mrs. Hall (née Brunning), The Vicarage, 5 Vicar Street, Wymondham, Norfolk.

Dr. John C. Harding, Laverstock B, Boscombe Cliff Road, Bournemouth, BH5 1JN.

Dr. and Mrs. Donald Holmes, The Sun House, 7 Flambard Road, Parkstone, Dorset. Tel: 0202-743152.

Mr. Paul C. Smith, c/o Department of Surgery, Beth Israel Hospital, 330 Brook Line Avenue, Boston, Mass., 02215, U.S.A.

Dr. John Gordon Williams, M.A., M.R.C.P., Royal Brisbane Hospital, Brisbane, Australia.

PERSONAL

BATTLE, SUSSEX. Guy's dental practice requires a colleague, newly qualified or experienced, to take over from a retiring partner. Fully-booked for three months. Any arrangement considered (Associateship, Expense Share or Partnership, etc.). Daytime Tel. Battle 2320 or evening Crowhurst 221.

FOR SALE : 1971 Three-storey town house at Honor Oak Park. Three bedrooms, fitted kitchen, utility room, lounge, dining room. Gas central heating. Double garage. Ten minutes to London Bridge. Price £15,750. Tel : 690-5690.

FOR SALE : Three bedroom town house, end terrace, integral garage, garden, side passage, secluded cul-de-sac, at Lee, S.E.12. Close station, easy access Guy's. Tel : 857-1848. Price £14,250.

WANTED : Small unfurnished flat for mature business lady. Reasonable rent, permanent let. Kent area preferred or near to London. Telephone Farnborough (Kent) 58530 evenings. 01-407 7600 Ext. 357 daytime.

PAPERS BY GUY'S MEN

Alberman, E. (1974). Factors influencing perinatal wastage. **Clin. Obstet. and Gynaec. 1,** 1, 1-15.

Alexander, S., Durkin, M. and another. Differential diagnosis of ischaemic ulceration of the leg using ultrasound. **British Journal of Dermatology,** 1974, **91,** 77.

Benson, P. (1974). Detecting inborn errors. In: **Enzymes in practice. Documenta Geigy.** 2-3.

Benson, R. F. (1974). Prenatal diagnosis of muscle disease and spinal malformation. In: **Scoliosis and muscle.** Proceedings of a fourth symposium held at the Cardiothoracic Institute, Brompton Hospital, London, on 14th and 15th November, 1973. Zorab, P.A. **Ed.** pp. 55-61. S.I.M.P. Research Monograph No. 4. Spastics International Medical Publications. London: William Heinemann Medical Books Ltd. Philadelphia: J. B. Lippincott Co.

Benson, P. F. (1974). Enzyme defects of glycosaminoglycan degradation in the mucopolysaccharidoses. **Develop. Med. Child Neurol. 16,** 4, 534-539 (annotation).

Coulson, A. S. and others. Cardiac transplantation following failure of previous cardiac surgery. **Surgical Forum,** 1973, **23,** 150.

Coulson, A. S. and another. Cyclic 3′, 5′—adenosine monophosphatase located on unstimulated human small lymphocyte nuclear membranes. **In Proceedings of the sixth leucocyte culture conference,** 1972, 91. Academic Press.

Coulson, A. S. and others. Forty day fever—an epidemic of cytomegalovirus in a renal transplant population. **California Medicine,** 1974, **120,** 1.

Coulson, A. S. and others. Low aspartate transaminase activity in serum of patients undergoing chronic hemodialysis. **Clinical Chemistry,** 1972, **18,** 567.

Coulson, A. S. and another. Lymphocyte culture in solid medium. I. Phytohemagglutinin stimulation. **Immunology,** 1973, **25,** 307.

Coulson, A. S. and another. Lymphocyte membrane enzymes. II. Cyclic 3′, 5′—adenosine monophosphatase located on unstimulated human small lymphocyte nuclear membranes. **Blood,** 1971, **38,** 485.

Coulson, A. S. and another. Lymphocyte tissue culture in transplant surgery. **California Medicine,** 1972, **116,** 75.

GUY'S HOSPITAL GAZETTE

EDITOR	T. B. BARNES
ASSISTANT EDITOR	C. E. HANDLER
NEWS EDITOR	P. TILLMAN
SPORTS CORRESPONDENT	A. M. KINGON
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
PHOTOGRAPHER	S. J. TWIGGS
MANAGERESS	Mrs. L. PAYNE

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2238

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

It has been my privilege and pleasure to have been editor of the *Gazette* for the last two years. There can be few more rewarding extra mural occupations at Guy's than to be involved in the running of the *Gazette*. It has been a pleasant experience to have been associated with such a great Guy's tradition, especially as this has been enhanced by the courtesy and goodwill of our readers.

The aims of the *Gazette* have changed little since its conception over a century ago—to provide an interchange of ideas, inspiration and discussion amongst those connected with the hospital and also to strengthen the bond that undoubtedly exists between Guy's and its graduates. The *Gazette* achieves some measure of success in these aims and this is directly attributable to the support and loyalty of our contributors and subscribers who are mostly Guy's men having left the hospital some time ago. The *Gazette* Committee and the Editor have greatly appreciated the way that the subscribers have stood by the *Gazette* during its transition from a fortnightly to monthly journal. I would entreat both the present students and those who have newly qualified to make greater use of the facilities provided by the *Gazette*.

I should like to thank all those people who have made the last two years possible and so enjoyable. Our printers, BOSP Print Limited, especially Mr. Knight and Mr. Pitt, who have withstood our idiosyncracies and faults with good humour and terrific patience. The fact that even during periods of severe stress such as the three-day week (editor's holidays, etc.) our editions have been printed on time is tribute enough to their efficiency and skill. I should also like to thank Dr. Scott for his continual support and encouragement,

Miss Jeffries for her outstanding and regular nursing articles, Mrs. Paterson, the previous manageress of the *Gazette*, and all the *Gazette* staff who have managed so well in such adverse circumstances.

After a successful period as pretender, Mr. Clive Handler assumes the position of Editor. His ability and enthusiasm inspire every confidence. I wish him a long and enjoyable editorship (and the very best of luck which plays not a little part in success).

We would like to welcome Mrs. Lyn Payne as our new *Gazette* Manageress. The post has been vacant for some time and so we are especially pleased to have her on the *Gazette* staff.

GUY'S DIARY

A full list of Clinical Lectures for October, 1974, will be posted in the Medical School and the Colonnade.

Staff rounds will take place every Friday at 1 p.m. in the Anatomy Theatre. At 12.30 p.m. there will be coffee and sandwiches in Classroom One. All students and staff are most welcome to the meetings which will replace the Student Clinical Lectures on Fridays.

NOTICE

Guy's Hospital Dental Ball takes place on Saturday, 26th October, 1974, at 7 p.m. for 7.30 p.m., at the Cunard International Hotel, One Shortlands, London, W.6. Double tickets, price £7.50, are obtainable from Miss M. Dibden, Ball Secretary, East Wing.

NEWS IN BRIEF

Fraser Rose Gold Medal

We should like to extend our hearty congratulations to Dr. Michael Faulkner on winning the Fraser Rose Gold Medal in the recent M.R.C.G.P. examinations.

Dr. J. A. D. Anderson

We should like to congratulate Dr. J. A. D. Anderson, M.A., M.B., B.Ch., M.D., who has been appointed University Reader in Community Medicine, Guy's Hospital Medical School.

Errata

We should like to apologise for the printing error on page 235 of our last edition. Financial assistance for Mr. Ruparelia's elective was given by his parents and not patients as stated. Guy's men will be relieved that the financial crisis of the N.H.S. has not yet progressed so far.

In Memory of Mr. Don Phelan

Part of the new D'Eynsford Estate, Camberwell, is to be named after Mr. Don Phelan, who was Senior Technician to the Thoracic Research Unit and who died suddenly nearly two years ago. In addition the Southwark Trades Council, of which Mr. Phelan was a prominent member for 15 years, is giving a football trophy to the Southwark Schools' Sports Association in his memory.

Mr. Phelan worked for the Medical School for 19 years from 1953 to 1972. He was the Branch Secretary of the A.S.T.M.S., a Governor of the Southwark College of Further Education and a member of the National Health Service Executive Council.

"Don Phelan Court" will be a fitting tribute to a man who gave so much to Southwark.

In Memory of Annette Livingstone

Annette, who was 17 years old and had suffered from renal disease for five years, died after a kidney transplant at this hospital a year ago. Her father had donated one of his kidneys in an attempt to save her life. Neighbours and friends have raised over £280, from jumble sales and raffles, which is to go towards vital equipment needed for the Renal Unit here at Guy's.

The surgeon in charge of the unit has written expressing his thanks to the people of Bexhill and Sidley.

Dr. L. L. C. Reynolds

We regret to announce the death of Dr. Reynolds at 92 years, who qualified at Guy's in 1909. An obituary will appear in the next edition.

Dr. Bruce Pearson

Dr. Rupert Samuel Bruce Pearson, D.M.Oxon., F.R.C.P., honorary consultant physician to King's College Hospital, died on 18th August at the age of 69.

Dr. Pearson graduated from Trinity College, Oxford, and Guy's in 1929, and was house physician and medical registrar at Guy's before being appointed to the consultant staff of King's in 1939.

Dr. R. A. Fawcus

We regret to announce the death of Dr. Robert Anthony Fawcus, aged 88. Educated at Oxford and Guy's, he spent 41 years of his 47 years in general practice in Chard, Somerset. On retiring in 1960, Dr. Fawcus became the ninth person to be made a Freeman of the Borough. The honour was conferred on him "in recognition of a lifetime of service rendered by him to the town and district, and as an expression of the high esteem in which he is held by the inhabitants of the Borough".

WOLFSON HOUSE APPEAL

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. P. K. M. Barrett
Dr. R. J. Birts
Dr. C. Chantler
Dr. Elizabeth Clarke
Mr. K. E. Clokey
Dr. H. P. Dick
Dr. P. Hack
Dr. A. S. Horner
Dr. F. R. S. Knight
Mr. T. L. T. Lewis
Mr. D. B. Longmore
Dr. Rosalind Millis
Dr. J. F. Murray
Dr. W. W. Payne
Colonel W. J. Pryn
Dr. I. Reekie
Dr. G. L. L. Reynolds
Dr. A. J. Richards
Dr. Judith M. Rissik
Mr. H. A. Rowley
Dr. D. Sarson
Dr. I. A. W. Scott
(also in memory of
Dr. D. C. Scott)
Dr. T. B. Stephen
Mr. and Mrs. N. J. Trayfoot

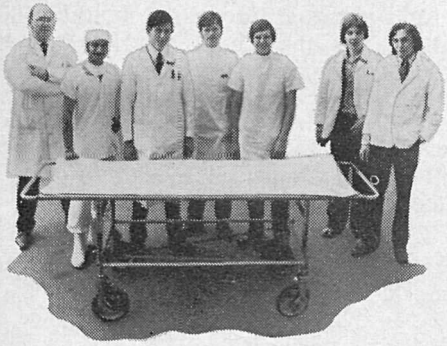
The New Laundry

Following the fire in the laundry at Guy's in December, 1972, all the Group laundry has to be cleaned at New Cross. Consequently the amount of work at the New Cross laundry has doubled and has reached a critical level which the laundry is finding difficult to handle. The site for a new group laundry has been under consideration for some time, but now building is well under way off Evelyn Street in Deptford. Completion of the new laundry is expected by June, 1975.

Clinical Medical Students' White Coats

Since the Manor Laundry suddenly terminated their arrangements for cleaning white coats, medical students have to make their own arrangements to have their coats cleaned. The Medical School is trying to find an alternative laundry; a half-cost refund scheme is available for those students who have their coats cleaned by the Diploma Laundry. Further details are available from the Medical School Accounts Office.

REWARDING PART-TIME JOBS FOR MALE HOSPITAL STAFF.



Nurses theatre technicians, lab technicians, radiographers.

Non-technical hospital staff.

If you think part-time jobs can't be fun, you don't know about the Royal Naval Reserve.

The RNR are a great bunch of people who get a kick out of working together and doing a useful job for the country.

In just a couple of hours a week, the occasional weekend and a fortnight every summer (which most employers will agree to), they learn useful trades. Do interesting work. Spend some exciting times at sea in their minesweeper and with the Commandos. And generally have a lot of fun.

Right now, the Reserves would be glad to hear from you as they're forming special medical and surgical teams to give instant support to the Royal Navy and Royal Marines in an emergency.

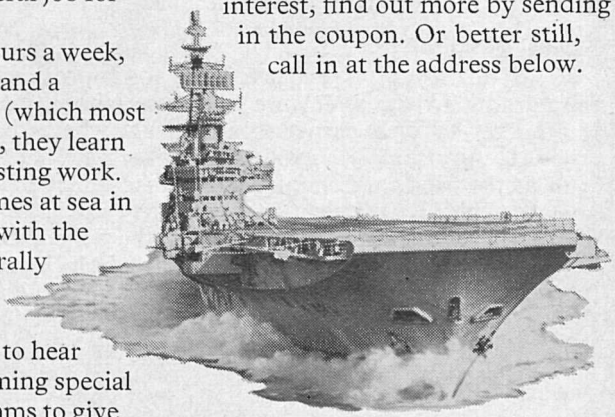
If you're non-technical hospital staff, you could train to be a Medical Assistant; if you're a male nurse, radiographer, lab or theatre technician you could become a Medical Technician.

The varied training programme is designed to add a military flavour to your skills, and it'll take in exercises with the Royal Marines in Scandinavia or the Mediterranean.

For the more adventurous, there's even a chance to work directly with the Royal Marines. You'll be in for an exciting time, with judo, shooting, cliff-climbing and perhaps even parachuting before you earn your Commando green beret.

Naturally all Reservists are paid while training, their expenses are covered, and Medical Technicians qualify for extra trade pay.

So if you're 16-33 (or up to 40 if with naval experience) and are looking for an interesting outside interest, find out more by sending in the coupon. Or better still, call in at the address below.



Name _____

Address _____

_____

_____ Date of birth _____

(Enquiries from UK residents only)

To: The Commanding Officer, H.M.S. President, King's Reach, London EC4Y 0HJ.

Please send me, without obligation, details of joining the RNR as a Medical Assistant/Technician.

RNR

ROYAL NAVAL RESERVE

Postgraduate Weekend Course

The British Postgraduate Medical Federation will be holding a weekend course for General Practitioners and Local Authority Medical Officers entitled "Clinical Paediatrics". This will take place at the Evelina Hospital on Saturday, 12th October, and Sunday morning, 13th October, 1974. Applications for a place on the course should be made to the Administrative Assistant, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1, as soon as possible.

The Hospital Service

The annual Hospital Service will be held on Thursday, 17th October, 1974, at 5.30 p.m. in the Hospital Chapel. The address will be given by the Reverend Christopher Courtauld, Chaplain to the London Hospital.

Afterwards there will be a reception in the East Wing; all members of the staff, past and present, are invited.

Coals to Newcastle

On Friday, 23rd August, twelve Guy's Hospital technicians set out on a sponsored walk from Guy's to the Royal Infirmary in Newcastle. The 274-mile walk was split up into 10-mile stretches and each pair of walkers carried a small bag of coals, instead of a baton, which was passed on to the pair walking the next stretch of the relay. The walkers arrived in Newcastle on the following Monday at 12 o'clock. We should like to congratulate all the walkers for their fine effort, which the march organiser, Dave Ansell, estimates has raised around £700. When all the money has been collected it will be given to the Guy's Renal Unit to finance research.

Lost Property

The School is endeavouring to improve the arrangements for returning articles which are found on School (including Clubs' Union) premises to their owners, particularly where the articles are of real value. Accordingly, anyone finding such articles is asked to hand them in at the Medical School Office either direct or via a member of the staff of the Department in which they are found. Students who lose articles should therefore enquire at the School Office within a reasonable period to see whether they have been handed in.

The loss of any article of value within the School (including the East Wing) should be reported to the School Office and to Mr. Evans, the Hospital Security Officer.

Property lost or found within the Hospital is dealt with by Mr. Evans.

Pull the other leg

David Spector, son of a Professor of Pharmacology at this Medical School who prefers to remain anonymous, has stood on one leg for twelve hours.

Through sponsorship, David's amazing feat, or rather foot, has earned in excess of £70 for the "Deptford Action Group for the Elderly". We should like to congratulate David on his truly outstanding performance.

We'll give your money intensive care–for free.

A current account at NatWest costs you precisely nothing while you're a student – provided it stays in credit.

What's more, we really do help you manage your money. With regular statements so you know where you stand, with all the help and advice you need – to make your money go further, and to sort out any problems. And there's even a choice of striking pictorial *cheques – something you won't find anywhere else.*

But you don't have to stay a student forever to avoid paying bank charges – if there's a minimum of £50 in your account, we won't charge you a penny.

National Westminster Bank

Sex Education

Education should equip for life. In no area is the neglect of this goal more evident than that of human sexualtiy.

In certain cultures the whole exercise is brought startlingly down to earth by practical instruction in methods of masturbation or love play by the parents. Children before puberty are encouraged to engage in sexual games and they become naturally familiar with each other's bodies and the main positions of intercourse. It is not likely that the stiff-upper-lipped British, brought up on gooseberry bushes, storks, doctors' bags and the perennial analogies with birds and bees, will rush to adopt such explicit means of educating their young. For families living in terribly overcrowded conditions—in one hut, or one bed even—there is less choice, and sex, being daily witnessed, may be regarded by the growing child as just another form of appetitive behaviour—like eating.

The child in the average British family may be more likely to connect it with excretion. The excretory and reproductive organs are in the same region of the body and both may seem to the child to get labelled as "dirty". A sense of "dirtiness" may be further exacerbated by an intolerance of mother to her infant playing with his penis. Later it may be "naughty" for him to see her naked.

The communication of the feelings of parents about sex to their children is more important than what is said verbally. If their feelings are positive and pleasurable the children have probably learnt the first lesson, though little is actually said. Contrarily, the daughter who senses her own mother's dissatisfaction or distaste for sex has been done a disservice that no amount of biological information can reverse.

Historically, unhealthy attitudes have been further entrenched by some religious writers and speakers. There are still some Churchmen who would rather countenance hate inside marriage than love outside it. What however remains a commendable essay was produced by a group of Quakers in 1963. "Towards a Quaker view of sex" emerged out of a response to students who came with homosexual difficulties for guidance. Consideration of very fundamental questions led to the conviction that a much deeper morality was needed to help people constructively through difficult and unpredictable siuations.

Some sex relations, incidentally, is a subject generally very inadequately treated in education about human relationships at school. This is despite the fact that one in twenty will permanently prefer there own sex and a very much larger number will experience homosexual attraction at some stage. Indeed this may reflect an essential bisexuality of the majority which is later modified by social pressures to conform.

In addition to the biology and psychology of sex, boys and girls will soon want to know about when, and with whom, and is it right? These are questions about relationships; they are difficult; they are terribly important; and adults do not agree about the answers. Fortunately real education has nothing to do with the authoritarian

imposition of belief; but rather with the culture of just such a maturity of mind that allows the individual the independent self-confidence to decide for himself, given information and a forum for the interchange and testing of ideas. If, however, more definite prohibitions in practice are found to be necessary these must be clearly reasonable. e.g.

(1) "Thou shalt not exploit another person's feelings and want-only expose them to an experience of rejection."*

(2) "Thou shalt not under any circumstances negligently risk producing an unwanted child."*

Apart from what is given to children, what should they be shielded from? Presumably whatever are genuinely corrupting influences. A film in which the hero has a succession of exploitative relationships with women is corrupting because it glamorises selfishness. Naked sex presented outside the personal content is much more debatable. The idea that lust *per se* is sinful is (1) an ill-founded basis for censorship, and (2) can only heighten the forbidden pleasures that lure the neurotically purient away from their TV sets† in search of gratification from pornography.

The debate about censorship underlines the spectrum of opinion that exists on topics related to sex. Fortunately, however, "everyone can understand, however dimly, what it means to love and be loved and this must surely be the link between morality and sexuality."‡ That is a premise that few would reject.

*From Comfort, A, "Sex in Society". 1963.

†Interestingly the rate of intercourse for married couples is lower in households with TV sets!

‡From Dominian, J., "Christian Marriage". 1967.

OBITUARIES

Mrs. ANNIE ELIZABETH PEGDEN died in early May, 1974, in Folkestone at the age of 75.

She came to Guy's Hospital as Laundry Superintendent in April, 1935, and managed successfully under great difficulties throughout the war years. She retired in 1948 and settled in Folkestone. Mrs. Pegden, the wife of a sergeant in the Army, had spent her early life in India. On returning to England, and after the death of her husband and for some years, she threw herself wholeheartedly into the life and work of Social Service in connection with St. Martin-in-the-Fields in Trafalgar Square.

As Laundry Superintendent at Guy's, Mrs. Pegden was not only a master of her craft, but also was outstanding in her firm but kindly management of her staff—at that time about 24 laundry workers—often mothers and daughters, and six wash-house men. They respected and loved her and we now mourn a very faithful servant of Thomas Guy's hospital.

E. P. MacManus.

Distalgesic wipes out pain

over and over and over again

DISTALGESIC™
tablets contain 32.5 mg
Dextropropoxyphene
Hydrochloride BP
with 325 mg Paracetamol BP

DISTALGESIC soluble
tablets contain 50 mg
Dextropropoxyphene
Napsylate BP
with 325 mg Paracetamol BP

Further information available on request Dista Products Limited, Speke, Liverpool, L24 9LN
Distalgesic is a trade mark P2072/NOV72

Are your patients suffering sensitivity in silence?

As you know, hypersensitivity can be painful but it needn't be serious. The trouble is that patients who suffer from sensitive teeth often shy away from painful treatment, choosing to endure their discomfort in silence.

But there is a way that patients can tell you without their having to say a word. Simply give their teeth an all-round squirt from your 3 in 1 Air Syringe. If the patient over-reacts then recommend regular brushing with Sensodyne, the medicated toothpaste that brings relief from the painful symptoms of hypersensitivity.

Leading dental authorities recognise Sensodyne's superiority.

Sensodyne contains strontium chloride which builds up a really effective protection. This unique fomulation has been proved time after time to be one of the best treatments for hypersensitivity. Whether it be caused by periodontitis, surgical exposure, clamp abrasion or any other dental condition.

90% of patients find Sensodyne helps reduce the level of sensitivity and 67% gain complete relief (1-9). Sensodyne starts to work with the first brushing. And the longer it's used the greater the cumulative protection it provides.

Sensodyne gives superior plaque control too.

But Sensodyne is not only good for hypersensitivity. With a proper brushing technique it is one of the best ways of removing harmful plaque.

In tests, independent investigators found Sensodyne's enamel polishing properties three times higher than other commercially available desensitizing dentifrice (11). Sensodyne is completely safe for continued use, and can be recommended with confidence as a replacement for ordinary toothpaste.

The Sensodyne Softex Toothbrush.

As you know, to complete the treatment for hypersensitivity it is vital that patients use a toothbrush that will not aggravate the condition.

The Softex brush has slender, resilient, nylon filaments, which are rounded at the tip to prevent abrasion or injury to the gums. The brush head is short, narrow and rounded, which makes it easier to clean and brush all parts of the teeth without damaging sensitive areas.

So when you recommend Sensodyne, remember the Softex brush. Together they provide the complete home treatment for hypersensitivity (12).

References

1. H. Zelman and C. E. Hillyer, "Treatment of Dental Hypersensitivity with a Strontium Chloride Dentifrice in a General Dental Practice," New York J. Dent., 33:259, 1963.
2. B. Blitzer, "A Consideration of the Possible Causes of Dental Hypersensitivity: Treatment by a Strontium-ion Dentifrice," Periodont. 5:318, 1967.
3. M. R. A. deRabbione and J. Monteverde, "Action of a Dentifrice Containing Strontium Chloride as an Active Drug for the Treatment of Dental Hyperesthesia," El Cooperador Dental (Argentina) No. 186-187, Nov-Dec 1964.
4. R. M. Meffert and S. W. Hoskins, "Effect of a Strontium Chloride Dentifrice in Relieving Dental Hypersensitivity," J. Periodont, 35:232, 1964.
5. H. Skurnik, "Control of Dental Hypersensitivity: Preliminary Report on a Strontium-containing Dentifrice," J. Periodont, 34:183, 1963.
6. A. Cohen, "Preliminary Study of the Effects of a Strontium Chloride Dentifrice for the Control of Hypersensitive Teeth," Oral Sur., Oral Med., & Oral Path., 14:1046, 1961.
7. M. R. Ross, "Hypersensitive Teeth: Effects of Strontium Chloride in a Compatible Dentifrice," J. Periodont, 32:49, 1961.
8. H. Pusso-Carrasco, "Strontium Chloride Toothpaste – Effectiveness as Related to Duration of Use," Pharmacol. and Ther. in Dent., 1:209, 1971.
9. W. B. Shapiro, R. S. Kaslick and A. I. Chasens, "The Effect of a Strontium Chloride Toothpaste on Root Hypersensitivity in a Controlled Clinical Study," J. Periodont. 41:702, 1970.
10. W. B. Shapiro, R. S. Kaslick, A. I. Chasens and D. Weinstein, "Controlled Comparison Between a Strontium Chloride and a Sodium Monofluorophosphate Toothpaste in Diminishing Root Hypersensitivity," J. Periodont, 41:523, 1970.
11. G. K. Stooky and J. C. Muhler: J. Dent. Res. 47:524 (Jul-Aug) 1968.
12. L. M. Nevins, "Control of Resistant Dental Hypersensitivity," New York State Dent. J. 30:160, 1964.

Stafford-Miller

SCOTT-RUSSELL TRICK, O.B.E., T.D., J.P.

Scott-Russell Trick was the son of a Guy's man—Walter H. Trick, who qualified L.D.S., R.C.S., in 1895 and practised in Neath although the family came from the West Country.

Scott-Russell Trick entered Guy's in September, 1921, with both an excellent academic record and considerable athletic prowess. He learned his rugger in Neath and within a year was playing for Guy's. He played full-back in the highly successful team of 1922-23, which included such memorable players as George Doherty, Albertijn, Van Schlakwijk, Bekker and Neser, and which won every game they played and again won the Hospital Cup.

He qualified at the age of twenty-one in 1926 with, among others of his year, Brock (now Lord Brock), Birt, Grasby, and Theis, and was appointed Clinical, A.H.S., O.P.O., and finally, House Surgeon to C. H. Fagge ("Chubby" to everyone), an appointment which was happy for both.

He was a good clinician and able operator but although further appointments at Guy's were obviously open to him, he decided to enter general practice. In 1928 he joined a practice in Thornton Heath where he became a much respected and successful partner.

In 1929 he married Edith Mary Gibbs, then Sister Evelyn, at Stratford-upon-Avon. They had two daughters, Mary and Margaret, the latter becoming a Guy's nurse, and there are six grandchildren, in whom he delighted.

When we last met, only a few weeks ago, he told me with obvious pleasure that his eldest grandson will shortly be going to Guy's, and as Trick's younger brother also qualified at Guy's their's is truly a Guy's family.

Early in his career he joined the Territorials so that on the outbreak of war in 1939 he was immediately mobilised and sent to France with his Field Ambulance, only to endure the agony of retreat and Dunkirk, from which he miraculously escaped unharmed. He was then sent to North Africa and, with the Eighth Army saw the whole of the campaign until the landings at Sicily when he was sent back to England in training for "D" Day. It was typical of his courage and sense of duty that an emergency appendicectomy did not prevent him returning to his Unit four days later, stitches still *in situ*, in time for the "D" Day landings. He finally completed a very distinguished war service as an A.D.M.S., in Germany, after almost continuous action in many sectors, and for which he was awarded the Military O.B.E.

He continued to serve with the Territorials after the war, was promoted to full Colonel and, when he relinquished command of the Unit his fellow officers made a splendid presentation to him in recognition of his outstanding service to the Unit.

He did not return to Thornton Heath but gladly joined another Guy's man, Harold Girling, in a practice in Stratford-upon-Avon, Edith Trick's home town, and where he was most happy. He became a well loved and successful doctor and a much respected citizen. He was appointed a Magistrate and eventually was Chairman of the

Bench. He also succeeded Girling as Chief Medical Officer to the National Farmers' Union.

Unfortunately in January, 1952, he sustained a very serious heart attack from which, however, he made a remarkable and unexpected recovery. Later he was able to resume practice but was restricted in his activities and was unable to play games. He then took up fishing and this sport gave him enormous pleasure.

At sixty-five he gradually began to relinquish his appointments and later resigned from practice and intended giving up all work in a few months' time, when he looked forward to spending more time with his family and to fishing. He was actually on a brief fishing holiday in Scotland when he died very suddenly, having landed his last salmon.

We mourn the loss of a kind, honest, sympathetic and unassuming doctor and Guy's will record with sadness the passing of one of its most loyal sons.

He was devoted to his family and we can appreciate the magnitude of their loss. It is a great consolation to know that after such a devastating heart attack in 1952 in which the prognosis was always grave he yet had more than twenty years of happiness with them.

To Edith Trick, her daughters and her family we extend our heartfelt sympathy. E.D.Y.G.

HARRY MILLETT, M.R.C.S., L.R.C.P., L.D.S.

The older generation of Guy's men will be sad to learn of the death on 26th May of Harry Millett.

Harry entered Guy's in 1910 as a medical student. From 1912 to 1914 he played full back for the Rugby Club, who were victorious in the United Hospitals Cup.

In 1914 he was reserve full-back for England.

At the outbreak of war he joined the Royal Marines. He served in Gallipoli and was invalided home in 1916, and returned to Guy's where he qualified L.D.S. and M.R.C.S., L.R.C.P. in 1918.

He served for a year as Surgeon Lieutenant R.N. in the battleship Lord Nelson.

In 1920 Harry played full back for England and the Barbarians. From 1920 to 1922 he was Captain of Richmond R.F.C. and from 1924 to 1946 he was Honorary Secretary of the United Hospitals R.F.C. Harry Millett's association with rugby football must have been very exceptional and he maintained his interest.

Harry practised dentistry in Portland Place, then when his establishment was destroyed during the blitz he came as a temporary tenant of my house in Harley Street where he remained for 20 years with no formal agreement between us. He was a delightful companion, always cheerful and active until latterly when his old rugger injuries caught up with him. One wishes now that one had recorded Harry's stories and anecdotes, but then one never thought of him as growing old. I doubt whether we shall see his like again. J.W.M.

THE PILLPOT FILE

Peter Tillman

"I think that the doctors are Jesus's disciples and that these girls are his angels. Wonderful people." These are the words of a patient in one of the Philpott File programmes on Guy's. When I first heard in March that there was going to be a TV programme on Guy's I was somewhat sceptical. So I resorted to my typewriter to prepare a draft of such a possible programme, and its effect on viewers.

The scene is a lounge in a house in S.E.12. The TV set is on and Mum, Tom and Ada are avidly watching the box.

Mum: "Go and tell Dad that the Pillpot Pile is about to begin."

Dad enters wearing Mum's white house coat, with a rubber shower unit around his neck; there is a hammer sticking out of one pocket and a large tube of bostick from the other.

Pillpot: "Good evening all you do-it-yourself Casualty Officers, tonight I am going to find out how people in a Casualty Department relax after the hard day (or night). Now Staff Nurse how do you spend your leisure time?"

Staff Nurse: "Well, we usually have a few friends round for a game of scrabble, anyone using a medical word has to buy a round of drinks. We have recently formed a Casualty Orchestra, and have rehearsals for our forthcoming nocturnal tour of the other Casualty Departments to entertain the visitors."

Pillpot: "So you are a musical crowd?"

Staff Nurse: "Yes, we have three tissue-comb players, two foetal-heart-horn players, three stethoscoppophonists; our rhythm section is made up of LE cell and Heparin Tube Shakers, Key janglers . . ."

Dad: "Blimey, Dedication AND Culture."

Having seen three of the programmes I must say that I have been very impressed with the handling of the series so far. Of course it is very easy to criticise such a programme because it may only superficially look at the problems of staffing, teaching, patient relationships and so forth. Two months' research at Guy's have been condensed into four programmes, and naturally certain things have had to be treated briefly. Also to make a programme interesting to the viewers there is a natural tendency to present the more "dramatic" aspects of hospital work, such as Intensive Care, The Renal Unit, Operating Theatres, rather than general ward work. However, there was excellent coverage of a Geriatric Ward.

In the programme on Students we were informed that 2,000 apply for 100 places at Guy's. Most people come straight from school but there was no interview with any "older student" who started his medical career after several years in business or the services. The reasons given for becoming a medical student were interesting: "Wanting to do good . . . be an essential member of society . . . interest in

the biology of the human body . . . safe job with good salary . . . intellectually satisfying". Are these the answers which are expected at Admission Interviews today?

How does the medical curriculum stop the "chaps" from becoming arrogant? I was pleased to hear that one recently qualified Houseman was "not arrogant yet, but was already developing the air that gives comfort and confidence". There was also a lot of discussion whether jokes should be made with students about patients. Words like "crumble and dross" will always be used to describe certain patients but will never be used when talking to a patient. Most patients like a gentle repartee, it helps to improve the patient-young doctor relationship in most cases. I especially liked the humorous snippet from the last programme:

Male patient: ". . . and she saw me in my bikini."

"Which half" asks the Consultant.

Or there was that unfortunate pun made to the pupil nurses that "the patients are dying to see you."

At the risk of being warned that I am being too frivolous, returning to my Pillpot Pile:

House Surgeon: "This patient works as a driver on the Underground."

Nurse: "I'm just going to take your tubes out."

Patient (sleepily): "Take my Tube out and we all go out."

An excellent aspect of the programmes was that all those who were interviewed about their specific job in the hospital spoke in terms that the audience could easily understand. The occasions when the public would have to rush off to consult a medical dictionary were very few, which is a credit to all concerned.

A small slip should be corrected, however; the firms at Guy's are still 13 weeks long, and not 8 as stated by Mr. Philpott (unless the person he spoke to took a 5-week holiday during each clinical appointment).

One of the problems of being a Junior Hospital Doctor which must have smacked a lot of people between the eyes was that of a Registrar who had trained his two children "to get out of bed when I get home so at least I can see them and play with them, and this way of life to me is totally unsatisfactory."

Everyone shared the fear that the N.H.S. is crumbling. An injection of at least 2 - 3 times more money is urgently required. "The rights of decent medical care is a right which we all have and the last time to pay for it is when we are sick."

By now we all know that the "crisis general election" (to quote *The Times*) is on 10th October. "*Your* life is in *Your* hands (the front page of the *Daily Mirror*). Let us hope that the next government seriously considers and cures the ills of the N.H.S.

OLD AGE

Dr. G. L. Davies

When you are young, old age is some remote condition which has nothing to do with you, and you go on your way, so to speak, rejoicing that you are perhaps not as other men. Vain hope! The years fly on, every day with its load of troubles perhaps, and you are soon at 40, to me one of the most depressing days of my life; for was I not about to cross the Rubicon, the dividing line between youth and age. "Old age creeps on with silent foot" (*curva senecta pede*) as my old friend and mentor, Horace, says somewhere, and like many before and since, he must clearly have pondered the same thing in his lonely little farm in the Sabine hills. And he goes on:

> "*Even let us shift tomorrow as we may,*
> *When tomorrow's passed away*
> *We at least shall have to say,*
> *'We have lived another day,*
> *Your ancient locks will soon be silvered o'er,*
> *Old age is at our heels and youth returns no more'.*"

Rather a free translation of Horace perhaps, but no doubt true to the letter.

As a devotee of the classics, continued even into old age, but by no means what the pundits of my schooldays would have dignified with the title of "classical scholar". I would not regard myself as fit to hold a candle to my great school friend, a brilliant classical scholar, who died on the Somme in 1916. I can well remember poring over Cicero's "De Senectute" ("On Old Age") just about that critical period of my 40's which I have referred to above. I even kept a copy of this essay of Cicero's, in the original, in the cubby-hole of my car, so that I could dip into it whilst my wife was doing her shopping. What better time, I thought, to try and solve some of the intricacies of Latin syntax. But even whilst my brain was striving to elucidate the exact significance of some particularly Ciceronian structure, my eyes could so easily absorb the ever-changing kaleidoscope or passing-show of that busy south-coast town in which we lived for many years. The time, however, was not long in coming, and, changing the idiom, I said "A quoi bon?" and gave it all up.

"The days of a man's life", says the Psalmist, "are three score years and ten, and, though some be so strong that they come to four score years, then is their strength but labour and sorrow". I think the Psalmist was nearing the mark. Eighty years seems to be a kind of watershed and marks the onset of a variety of limited disabilities which probably become progressive, depending upon time and a previous life of good health or otherwise.

Calcareous arteries, dimming vision, be it due to cataract or worse, creaking and matutinal stiffness of joints, metabolic disorders, failing memory, particularly for names, all herald the arrival of old age to many, apart from any serious pathological lesion which may be waiting to rear its ugly head.

Doubts and Difficulties arise in any career

but

membership of the Society offers Doctors and Dentists protection of professional interests by a Council and Secretariat with wide experience in hospitals, general practice, medical law and administration. In the event of litigation the Society defends its members in their own best interests, and pays unlimited costs and damages when necessary.

STUDENTS

should apply now to ensure full protection on registration, with the bonus of reduced and deferred subscription terms.

Medical Protection Society

50 Hallam Street, London W1 Telephone: 01-580 9241
30 Park Square, Leeds 1 Telephone: 0532 42115
195 Newport Road, Cardiff Telephone: 0222 43852

Secretary: Dr. J. Leahy Taylor, MB, BS, DMJ, MRCGP

Many years ago when I first qualified one used to receive communications from manufacturers, some of which offered to send you free samples of their products such, for instance, as biscuits (an invitation which I never refused. One such communication was a plain card on which was printed a kind of symposium on youth and age. I lost it for many years but finally ran it to earth inside what, to me, is a modern classic, viz. H. A. L. Fister's "A History of Europe". I mention this because it is a book which, in my opinion, ought to be on the bookshelves of all educated people.

I will quote the passage in full, only regretting that I don't use a typewriter to save myself trouble. It is signed "ANONYMOUS" at the foot.

> "Youth is not a time of life—it is a state of mind. It is not a matter of ripe cheeks, red lips and supple knees: it is a temper of the will, a quality of the imagination, a vigour of the emotions; it is a freshness of the deep spring of life.
>
> "Youth means a temperamental predominance of courage over timidity, of the appetite of adventure over love of ease. This often exists in a man of 50, more than in a boy of 20.
>
> "Nobody grows old by merely living a number of years people grow old only by deserting their ideals. Years wrinkle the skin, but to give up enthusiasm wrinkles the soul. Worry, doubt, self-distrust, fear and despair—these are the long, long years that bow the head and turn the growing spirit back to the dust.
>
> "Whether seventy or sixteen, there is in every being's heart the love of wonder, the sweet amazement at the stars and the starlike things and thoughts, the undaunted challenge of events, the unfailing childlike appetite for what next, and the joy and the game of life.
>
> "You are as young as your faith, as old as your doubt, as young as your self-confidence, as old as your fears, as young as your hope, as old as your despair.
>
> "In the central portion of your heart there is a wireless station; so long as it receives messages of beauty, hope, cheer, courage, grandeur and power from the earth, from men and from the infinite, so long are you young.
>
> "When the wires are all down, and all the centre palace of your heart is covered with the snows of pessimism and the ice of cynicism, then you are grown old indeed and may God have mercy on your soul.
>
> Anon."

". . . . There is in every being's heart the love of wonder, the sweet amazement at the stars and the starlike things and thoughts." How reminiscent those words are, somehow, of the gipsy Petulengro in one of George Borrows' books—"Lavengro" or "Romany Rye"—some of whose greatest joys were, as he put it, "there's the wind on the heath, brother, the stars, the sun" . . . as if that was all that was needed to make life happy, all health-giving properties of Nature with their promise of a serene old age.

Making life a little better is what life assurance is all about. And now – when you're young – is the best time to think about it. We have designed two policies specially for young people. Both offer you high security and flexibility for low premiums. Isn't that just what you need?

SCOTTISH WIDOWS
Ask your broker.

Freshers' Week

The following programme for Freshers has been compiled by the Student Clubs' Union.

MONDAY MORNING, 30th SEPTEMBER

The Dean's and President's addresses will take place in the Medical School, followed by a tour of the hospital and its environs.

5.00 p.m.: A display of stalls representing various clubs takes place in the East Wing Ballroom. There will be free beer for freshers and yet more speeches.

TUESDAY, 1st OCTOBER. 8 p.m.

The Theatre Club cordially invite all Freshers to a Party in the East Wing Ballroom. This is usually most enjoyable.

WEDNESDAY, 2nd OCTOBER

The Hockey, Rugby and Soccer Clubs will be holding Freshers' trials at the sports ground at Honor Oak Park. There will be an "Inflam" in the clubhouse bar in the evening.

THURSDAY, 3rd OCTOBER

The Folk Club are hosts at a special Folk Evening of live music with guest appearances at 8.00 p.m. in the bar. All are welcome and any people wishing to perform should come prepared with their instruments. This is a good chance to make your name known in the Union.

FRIDAY, 4th OCTOBER

The Film Club hope to show "MASH" in the Physiology Lecture Theatre at 8.00 p.m.

SATURDAY, 5th OCTOBER

The Freshers' Hop will take place in the Ballroom, East Wing, at 8.00 p.m. This promises to be a fun evening with the traditional games, competitions and live group.

Further information may be obtained from Mr. Steve Evans (Social Secretary) via the East Wing.

NOTICE

TELEPHONES

The work necessary to transfer the present extension from the existing telephone exchange to the new one in the Tower is now starting, and will continue over the next few months. This will cause some disruption to services which is unavoidable. If your telephone goes dead or you are disconnected and unable to raise the operator after a brief period of time, please report the situation from another extension.

The operators will do everything in their power to minimise any inconvenience which may be caused, and your co-operation is requested.

NURSING

WAITING FOR HALSBURY

Whilst nurses await, with anxious anticipation, the report of the Halsbury Committee, the journalists have begun to make speculations about the nature of the eventual decision.

The headlines have proclaimed that nurses are to be awarded a 20 per cent to 25 per cent pay increase, which sounds an extremely pleasant prospect. However, it is very difficult to make any assessment when only such superficial information is available, but it causes several thoughts to come to mind.

In the first place of course, it is, in the present political climate, going to prove advantageous to the government if they award an increase to the profession. Nurses, despite their recent antics, are still regarded favourably by the public, and the politicians would hope to gain votes by such a manoeuvre. Unfortunately, this means being subjected to use as election bait.

Secondly, it is not only a salary increase that is necessary in order to improve the situation within the hospitals, although one imagines that few nurses would actively object to such a proposal. What is required is restructuring of the service in order to provide an incentive to remain practising the work for which one was trained, instead of being cajoled into other posts, the moment one achieves any skill at that in which one is currently employed. It might, of course, sound a little trite but, if questioned, a very large number of nurses who have been "encouraged" to move, against their better judgement, away from clinical nursing, would return immediately if conditions were right. So strong are the feelings of many, that one wonders just what will happen should this incentive be offered. There would probably be a mass exodus from administrative offices and schools of nursing, thus reversing the situation of "too many chiefs, and not enough Indians".

If the long awaited report does not suggest, and the government accept radical change, the committee will not have fulfilled its mission, and the recent months will have been in vain. One would hope that the much discussed "Clinical Consultant" grade should be introduced, in order to give assistance to ward sisters as soon as possible.

One hopes that the results will prove constructive, and that the government for once will take advice from those who are conversant with the problem. Meanwhile the waiting continues!

CORRESPONDENCE

SIR,—I was most interested to read the article in the *Gazette* of 27th July, on the subject of Patient Delay in Out-Patients.

The authors have chosen a very worthwhile subject for study. (Too little attention is paid to the fact that a hospital's reputation and image can be significantly embellished or tarnished by the prompt or tardy manner in which out-patient appointments are honoured.) They conclude: "A patient attending the out-patient department can expect to wait 38 minutes to be seen professionally. This appeared to be due to the way in which the clinic is run. As the delay was fairly constant throughout the clinic it was thought that the initial delay in starting the clinic was probably a large factor in delaying the patient. (See figs. 4 and 5)."

Unfortunately there were no figures 4 and 5 in the *Gazette* that I received, so we will have to take the author's word for it. If, of course, it is true, then the problem is easily remedied. Either the medical staff have the courtesy to start the clinic on time, or they have the commonsense to defer the clinic starting time until they are able to attend.

In my experience the problem is a little more complex than that. Certainly it is worth seeing what time the medical staff do attend for a clinic, and seeing that the first appointment time is reasonably related to that. Next it is worthwhile seeing what time the clinic ends, and again seeing that the last appointments are related to that time.

If a consultant consistently arrives at 2.30 p.m. for a 2.00 p.m. clinic, the sensible administrative move is to make it a 2.30 p.m. clinic. If a consultant consistently sees his last patient at 6.00 p.m. it is equally sensible to fix the last appointment no earlier than 5.30 p.m.

Most clinics, by virtue of steady overbooking throughout the afternoon, incur an increasing patient delay as the clinic proceeds, and this time debt is usually so consistent and so much the rule that two or three quarter-hours, two-thirds through the afternoon, can safely be left without appointments in order that this time-lag may be corrected, and the "second half" again, start on time.

In most clinics it would be true to say that if the average wait is 38 minutes, the wait at the beginning of the afternoon is nothing, and at the end of the afternoon an hour and a quarter. Furthermore, there is a tendency for the patients who are seen at the end of the afternoon, to be the last ones to book their future appointments and so become the patients at the end of the afternoon at subsequent clinics, while those who are seen at the beginning of the afternoon tend to have their early appointments kept more or less on time in perpetuity.

There is one other standard procedure which should prevail, and that relates to staff absences. If the full staff for a clinic is a consultant, a registrar and a house surgeon and the appointment system for the clinic is built on that staffing structure, it is both stupid and thoughtless to employ the same appointment schedule when either the consultant or the registrar is away. There should be a separate appointment schedule for the clinic when all three are present, a slightly less tight schedule for when the registrar is away and an even less tight schedule when the consultant is absent.

Finally, there can be little justification, ever, for allowing the early patient to jump the queue, thereby penalising the rest of the patients attending that clinic.

I congratulate the consultants whose clinics were studied, on their courage in allowing this investigation. Let us have a repeat survey in a year's time of the same clinics and see what lessons have been learnt, what remedies instituted and how effective they have been.

Yours faithfully,

HUJOHN RIPMAN.

Red House, Sproughton,
Ipswich, IP8 3AT.
(Ipswich 53325)

The Trevor Philpott File

SIR,—Having missed the two previous TV programmes I was determined to see the third dealing with students and young doctors of Guy's. It was nice to see one or two still familiar faces despite 20 years of atheroma! However, I thought the programme inadvertently prompted the question "Does Guy's still teach that common things commonly occur?" I refer to the professor's round where he asked a student what would be one of the first things he would think of when a patient is admitted in a state of collapse; the student replied, "Massive electrolyte loss".

What interests me is why in the 70's after all the talk of integrating the teaching of general practice with a medical school curriculum a student gives a No. 1 diagnostic consideration an irrelevant statement of clinical pathology. Will the students at Guy's before they qualify have a clinical lecture on "Common Emergencies in General Practice"? If so, and I hope they will, they will learn that one of the commonest causes of "collapse" in general practice is gastro-enteritis. And so, to come back to our noble student, he was after all diagnostically closer to the mark with "electrolyte loss" than the professor with his coronary!

Yours faithfully,

Bryn Goodman,
Ruthin, Clwyd, N. Wales,

Dr. T. MAGOR WINSTANLEY.

Population Conference

SIR,—World Population Year is nearly at an end, yet how many of the 15,000 British medical students knew of its existence and about the International World Population Conference which was held in Bucharest in August? How many realise that global overpopulation is all pervasive, affecting both underdeveloped and developed countries, and is closely linked in the former with massive famines, widespread starvation, unemployment, under-employment and increasing illiteracy rates and in the latter with environmental pollution of air, of water and of land, the energy crisis, inflation and increasing urbanisation? How many are aware that the present world population of nearly 4,000 million is expected to double in the next 35 years, and yet that even now two-thirds of the world's population is under-nourished?

There is no doubt that future doctors will have an increasingly important role to play in the field of birth control and in the implementation of population policies. Yet there is no agreed national policy on the education of medical students in the subjects of demography, human reproduction, contraception and abortion. B.M.S.A. recently introduced just such a policy but it (B.M.S.A.) was unfortunately made defunct before its aims were realised in every medical school—the position of the Health Students' Branch of N.U.S. on such matters is as yet far from clear. Although student members of "Doctors and Overpopulation" and IMSOP (International Medical Students' Organisation on Population) number many hundreds, only a few take an active role, this being reflected by the fact that only a minority of the medical schools now provide comprehensive teaching in all of the above aspects.

We are in contact with active students in some, but by no means all. medical schools in this country and would like to see *each* school represented by its active members. If any such students would like to help in initiating improvements in the teaching curricula on population please contact us.

Yours faithfully,

The London Hospital Environment Group,
Stepney Way, Whitechapel,
London, E1 2AD.

J. H. ARUSTU, *Secretary*.

SIR,—It would be nice to think that the dental surgeons who give their services to the N.H.S. could be ranked with doctors and nurses in your editorial. It is bad enough being relegated to the level of para-medical ancillaries by the recent A.H.A. reorganisation.

Yours faithfully,

25 Warminster Road,
Westbury, Wilts.

N. J. KNOTT.

SIR,—I appreciate that for some time now, we have been short of laundry. One of the factors that contributed to this was the fire in Guy's laundry two years ago, from which we are still recovering.

However, I feel that the situation must have been at its worst last week.

A male patient was delivered to theatre, for surgery, wearing a shroud! While I appreciated that our surgeons are only human and do have some failures, it would seem to me that the patient was not considered to have even a sporting chance. Of course it could also have been considered a means of saving the nurses' time afterwards.

Seriously, I wonder if we are losing respect for the patient, as a human being. Most people recognise a shroud and it must be a very unpleasant experience to wake up after an anaesthetic, to find that one is dressed for the undertakers.

Yours faithfully,

Main Theatres,
Guy's Hospital.

EILEEN DIXON.

SIR,—I would like to remind your readers that the Dental Ball is to be held on Saturday, 26th October, in the Cunard International Hotel.

Those who wish to book tables for eight, ten or twelve persons should contact Melanie Dibden, the Ball Secretary, as soon as possible. Double tickets are now available at £7.50.

I would like to extend this invitation to all members of the hospital, past and present, to join us in what promises to be a most enjoyable occasion.

Yours faithfully,

Guy's Hospital Dental Society,
London Bridge, S.E.1.

PATRICK TREASURE,
Hon. Secretary.

BOOK REVIEWS

"The Effect of Carbohydrates on Lipid Metabolism". Volume 8 in the series "Progress in Biochemical Pharmacology. Editor, I. Macdonald, 314 pages.

This book comprises seven full length review articles on differing aspects of the relationship between dietary carbohydrate and lipid metabolism. The areas covered include a review of triglyceride turnover in response to dietary carbohydrate. There is also consideration of how dietary carbohydrate affects adipose tissue, serum lipids and how it influences human lipid disorders. At a first glance, this text might seem to be directed to the very small readership of those working in this field. However, much of the information in this book and many of the experiments reviewed, provide the data for the current debate over the part played by sucrose in the aetiology of heart disease. This debate has been extensively featured in the national press and is shortly to be featured in a major television debate. Thus this book will provide an extensive review of the present state of knowledge in this highly controversial area. It will be a very useful source of information for those wanting to read between the lines in this debate.

D.B.J.

"The Myocardium-Failure and Infarction". Eugene Braunwald (Editor). 409 pp., 350 illustrations. Price £10.40. Published by H.P. Publishing Co., Inc.

The introduction to this book states "that it was written in an effort to gather and evaluate the latest thinking on the aetiology, pathogenesis, management and prevention of cardiac failure and of arterio-sclerotic coronary artery disease". Without a doubt, this book achieves its objectives most handsomely. Its success is due in large measure to having 40 contributors, who are able to write with great enthusiasm about their fields of interest.

The book begins with a review of the contractile apparatus of the heart and then discusses the current state of knowledge concerning these contractile processes in the failing heart. Emphasis is made on distinguishing between those changes produced by the failure of the heart and those which precede the clinical appearance of decompensation. There is a particularly interesting section on calcium metabolism in the failing heart. The one rather weak part of the book is that which discusses the actual mechanisms of clinical heart failure. One feels that the section dealing with the role of the autonomic nervous system, and salt and water retention is made unnecessarily complicated.

The second part of the book is concerned with myocardial infarction. The reader is led through a discussion of the aetiology and the pathogenesis of coronary artery disease. This section is packed with recent data and is profusely illustrated with photographs and colour plates. The reader is given the feeling that the complicated subject of heart disease is being unravelled in these pages. The book is essentially optimistic in that it places the prevention of coronary heart disease before the section on the management of myocardial infarction. The theme is that the more that we understand the mechanisms of the failing heart, the better we will be able to prevent and to reduce the incidence of heart disease. There is a large portion of the book devoted to the management of myocardial infarction. This evaluates the role of the coronary care unit and then considers the treatment of post-infarctional complications, especially disturbances of rhythm and cardiogenic shock. A whole chapter is devoted to the use of counterpulsation for the treatment of shock. The final part of the book is concerned with the rehabilitation of the patient after a heart attack. This discusses not only the physiology but also the psychological and the social prodlems the patients face. The role to be played by coronary bypass surgery is also considered.

I feel sure that this book will be appreciated by all who are interested in medicine. It should certainly be added to most library collections. Within its pages is a considerable amount of specialised data, yet all this is synthesized so that the reader is led from molecular biology to the rehabilitation of the patient who has had an infarct, in easy steps. In this manner all the presented data is seen to be of great relevance. The keyword of this text is "evaluation", for the authors seek to evaluate all the data they present and to pose pertinent questions for future research.

T.G.
D.R.I.

"The E.C.G. Made Easy". John R. Hampton, D.M., D.Phil., M.R.C.P. Pp. 67. Illustrated. 80p. Churchill Livingstone, London.

This book will appeal especially to medical students exposed to E.C.G. interpretation for the first time. It is a slim pocket-book that is mainly concerned with the fundamentals of identification in abnormal cardiac rhythms and complexes. Its explanations of "what the E.C.G. is about" is unpretentious; indeed it may be somewhat oversimplified. Nevertheless, the readers will be grateful for this gentle, readable and instructive introduction. Like several other books on this theme, the author has included many E.C.G. recordings and explains each section of the trace with relevance to the underlying clinical condition. He tackles bundle branch block and myocardial infarction in detail and his patient step-by-step approach is rewarded by producing a useful manual that should undoubtedly be read and understood by all novices in this field.

C.E.H.

SPORT

Sports Commentary

As the peak of the holiday period passes and the horizon of sporting activity grows nearer, it seems a good time to review the contributions of the Sports Club to the *Gazette*. The number of separately headed articles submitted by each club during 1974 have been counted (edition numbers included 2228—2236). For example, one match report counts as one article. The following figures were obtained :

Rugby	11	Boat	6	Squash	—
Tennis	—	Cricket	5	Hockey	—
Golf	2	Sailing	—	Athletics	1
Snooker	—				

A number of points come out of this very simple survey. In the Clubs' Union Handbook, there are twenty athletic clubs (and two women's clubs, but reports received from them have been included under those of their male counterparts). Only nine of these have submitted reports this year (the Snooker Club is not yet in the Clubs' Union Handbook) although it must be said that several of these clubs are not enjoying good health at present. Though never actually in the sports' section, one has been kept continually aware of the activities of the Pavy Gym Committee, particularly in the forming of the Badminton Club. Of the more active clubs, nothing was received from the Soccer or Swimming Clubs. Looking at the figures, the Rugby Club has submitted nearly twice as many reports as any other club, a point heavily in their favour. Yet of their eleven contributions, eight appeared in one edition—in the same category are the Cricket Club (all contributions in the same edition) and the Tennis Club (five out of six contributions in the same edition). However, credit must go to Ladies' Tennis Club Secretary, Pat White, for submitting a good half of the material for the Tennis Club. Relative to the number of fixtures the various clubs have, the Squash Club shines best with six articles covering fifty matches and its other activities.

The *Gazette* administration is human—there have been many tales of reports submitted and not printed. Let it be said now that any article submitted for publishing in the sports' section will only be excluded in exceptional circumstances which will be explained to the writer of that article. In 1974, there have been forty-five articles published in the sports' section (excluding the commentaries, blues lists, etc.), an average of five per edition; not very many.

This article is not a criticism of any club in particular, but an attempt to make club officials realise that with just a little effort, sport could become a greater part in the lives of most Guy's people, not just a handful, by advertising in the *Gazette* and letting people know "what's on and where". Many ex-Guy's people are still interested in sport here, and who knows, it could help push up the number of subscribers? No club is innocent though some are more innocent than others—what is wanted is information before the event and a report afterwards. Look how the Boat Club covered the Oxford—London Marathon—that is hopefully the shape of things to come.

TENNIS

Nurses' Teams

This season has proved successful for Tennis at Guy's, undoubtedly due to the consistently high standard of play by nurses Judy Harris and Sara Franklyn.

In July they won the London Nurses' Inter-Hospitals Doubles Tournament, beating King's in the semi-finals and St. Mary's in the finals. Judy Harris later went on to win the singles tournament as well.

Guy's have played the London Hospital, St. Bartholomew's and St. Thomas's, home and away matches, and have been successful in all.

I would like to thank Miss B. White for personal help and enthusiasm and Guy's Hospital Nurses' League for financial support this season.

Team : J. Harris, S. Franklyn, W. Kingett, S. Kempster, A. Drislane.

RUGBY

Rugby Club Report

A difficulty faced by all hospital team sports is the annual turnover of participants. It is not easy to build on the previous year's successes when many students qualify and leave the hospital, often at the time when they have most to contribute to the sporting arena. This loss of continuity is felt least by the rugby club because of its numerical strength. At present there is an unusually large body of players who have at some time played in the first or second fifteen sides. This wealth of experience should make it all the easier to eventually weld together sides of merit.

Rugby remains the premier sport at Guy's and its continued popularity amongst students ensures that it will flourish and provide as many weekly games this season as during the past years. Beset by financial difficulties, the club has nevertheless maintained a strong fixture list which the teams' performances have justified. The current strength of the club owes something to the industry of its elected officers, not least the secretary, Steve Challacombe, whose continued enthusiasm is a considerable asset. The growth of the supporters' club, in which both the secretary and Dr. Hugh Burry have been instrumental, has been an added source of encouragement and reflects the high esteem with which the club is held by so many past and present members of the hospital.

Predicting the likely results of either first or second fifteen games during the oncoming season is not easy. A core of experience is available to provide the basis of two outstanding sides and a number of talented players have emerged from the junior sides. The club has been training regularly since the beginning of August but attendance has fluctuated and a failure to achieve peak fitness by many at the beginning of the season is a handicap regularly faced by the senior teams. In large measure this explains the characteristically uneven results of the first games and whether this season will prove an exception remains to be seen. Another handicap confronted by the first team at present is the immediate unavailability of the new captain, John Harker, who has experienced the misfortune of a broken leg. His role will be assumed by an able and experienced vice-captain, John Stoneham, who, only too aware of the importance of early season fitness, has been conducting the bi-weekly training sessions.

The pre-season programme ended for some and began for others during the annual training weekend at Thatchings. This was well supported and was made the more rigorous by gale conditions. Despite the appalling weather those present enjoyed the exercise, the hospitality and the frenetic evening socialising. The weekend also provided an opportunity to pit a good side against Bognor, a club which has improved since the fixture was introduced two years ago.

The game was invaluable in that it exposed several obvious weaknesses. In the first twenty minutes fluctuating concentration and poor co-ordination forced Guy's into a defensive posture and only poor kicking by Bognor prevented early disaster. In the event, Guy's scored first when, having at last forced play into the Bognor half, Hughes dropped a leisurely goal. A series of injuries held up play and Rook was forced to retire minus a tooth and with a lacerated lip.

During the next forty minutes Guy's asserted some authority over opponents who were marginally less fit. The forwards scrummaged well at times but their efforts were inconsistent. Their rucking was mediocre and the line-outs uniformly poor. The backs enjoyed increasing possession from the scrums but received less than a fair share from other and more vital phases of play. Strong running by Tony Portelly on the wing secured two tries, one of which was converted by Hughes. Another try by West resulted in a Guy's lead which they held for the remainder of the game. In the last ten minutes the Guy's play was extremely erratic and a series of missed tackles allowed Bognor to score. An earlier Bognor try followed a patently obvious move that Guy's failed to appreciate until too late. A hospital victory was to be expected but the margin of 19—8 should have been more impressive. It was nevertheless an instructive opportunity and the deficiencies should be overcome before the side faces more exacting opposition.

T.G.

HOSPITAL INFORMATION

PASS LIST

GUY'S HOSPITAL MEDICAL SCHOOL

1st Class Honours

J. Efthimiou
T. H. J. Goodship
N. J. Masters
G. Murphy
K. Parsons
Miss D. A. Price
A. A. Quyyumi
J. F. Rivett
M. J. Tidman

2nd Class Honours (Upper Division)

M. G. N. Bourne
P. N. Gaunt
C. E. Handler
C. A. Holden
J. J. Horton
G. J. Hughes
R. H. Jones
I. Litchfield
J. F. McNulty
Miss C. I. Mander
I. R. Martin
R. H. Moore
N. S. Nicholas
Miss S. G. Overal
V. Rajaratnam
Miss H. I. Skapski
G. W. Slocombe
V. G. Thornton
J. E. W. Van de Pette

2nd Class Honours (Lower Division)

J. S. Fitzgerald Frazer

The above students obtained B.Sc. Degrees in June, 1974.

UNIVERSITY OF LONDON

Ph.D. April 1974

D. K. C. Cooper

UNIVERSITY OF LONDON

M.D.

August 1974

C. P. Brook

2nd M.B.

June/July 1974

C. B. Ackner
J. Brennan
R. Coates
D. G. St. J. Collier
D. M. Couper
A. J. Davis
P. L. Downie
Suzette L. Franklin
J. C. Gay
Fiona J. Henderson
R. S. Hurwood
L. C. Koo Seen Lin
E. Refsum
Cleone I. F. Rooney
N. V. Todd

2nd B.D.S.

June/July 1974

Pauline I. Arnold
Helen J. Ash
H. M. Attenborough
G. Avetoom
Clare Z. Bennett
Pia M. S. Birch
Anne R. Brown
Elizabeth M. Brownbridge
M. G. Bull
Michelle A. Bulline
Mary C. Burgess
D. E. Chalom
J. Clark
S. C. Cole
J. P. A. Cooper
D. R. Evans
M. Fillery
Deborah M. Gaskell
Jane C. Gibbon
I. B. Gough
C. R. Goves
B. F. Hagan
I. F. Haley
D. J. Hampson
D. C. Hughes
Hazel J. Ibbetson
S. M. Jefferies
P. N. Jones
C. N. Kay
P. A. J. Keen
S. Khan
Janet F. Loch
S. E. Martin
G. Mason
N. J. Middleton
D. L. Miller
T. D. U. Miller
A. Milosevic
Carol A. Nixon
M. R. Owen
Deborah A. H. Pacy
Dorothy E. Paterson
Lesley M. L. Peacock
S. M. Perry
A. P. J. Pini
R. M. Piper
J. F. Plant
I. Puleston
T. D. M. L. Ramchandani
I. Redfern
Patricia A. Reynold
P. M. G. Rosie
J. M. Ryan
P. M. Sinclair
Christine J. Smith
S. T. Stanley
Jane E. Taylor
D. H. T. K. Tewson
A. B. Tidman
Rosamond D. L. Troughton
Gillian E. Trounce
C. K. G. Wagaiyu
Sarah I. Wallis
Sally E. Ward
J. R. Wells
R. W. Wilmott

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.

M.R.C.P.

July 1974

W. C. Brownlee
T. E. C. Bushell
I. T. Grimble
J. G. G. Hanley
R. J. Hay
R. G. Jezzard
D. A. Jones
J. L. Lewis
M. A. Mansell
P. J. Marriott
P. C. V. Ramage
J. G. Williams

CAMBRIDGE UNIVERSITY

D.M.

August 1974

D. G. Fagan

UNIVERSITY OF LONDON

Ph.D.

Medicine

24th July, 1974

R. C. Paterson (Dental Surgery)

Science

P. J. Brophy (Immunology)

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 20th November, 1974, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of six sessions from 6.00 p.m. to 8.00 p.m. on 20th, 22nd, 27th, 29th November and 4th and 6th December, 1974. Fee : £15. Further particulars and forms of application, which should be returned as soon as possible and not later than 30th October, 1974, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, SE1 9RT.

ST. OLAVE'S HOSPITAL

PART-TIME SISTER for Nurses Health Service. Hours: 8.30 to 1.00 p.m. (negotiable) Monday to Friday. For further enquiries and application forms please contact Miss M. P. Cooke, Principal Nursing Officer, New Cross Hospital, Avonley Road, New Cross, S.E.14. Tel : 01-639 4380.

GUY'S HOSPITAL GAZETTE

EDITOR	C. E. HANDLER
NEWS EDITORS	M. G. BOURNE, P. TILLMAN
SPORTS CORRESPONDENT	A. M. KINGON
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
PHOTOGRAPHER	S. J. TWIGGS
MANAGERESS	Mrs. L. PAYNE

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2239

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

After four weeks at Guy's, many of you will still be wondering where you are and what you should be doing, whilst others may be well acclimatised to their new environment. To the former group (which is probably the larger) be not dismayed; some of your senior colleagues even in their fourth year are in the same predicament! The next five years or so of your lives will, to a large extent, be orientated around the School and in order to make the most of this important period it is essential to take advantage of the opportunities and facilities that are provided. Of course, education even in its broadest sense is a two-way affair—you will have to labour for the fruits.

The Guy's campus is large enough for some to remain almost anonymous but the resolute student will find it a comfortable, warm and protected nest for his future growth. Your teachers are as interested in you as you are in them, and if you excuse their frailties your academic energies will be rewarded with an interesting and stimulating course. Remember also that the B.M.S. course is still neonatal and you, as its co-guardians, have a responsibility to its health and development. Your reactions and constructive criticism can aid its improvement.

Regarding student selection, it may be said that those with energy only sufficient for academic work are cheating those who trusted in them. Naturally, you will not be forced to play rugby or bridge or act in a play or sing in the choir or even eat in the Spit (although in this case there is little choice), but you are expected to reserve some energy for extra-curricular activities and Guy's has enough to suit all tastes. Its sports clubs are world famous and the non-sporting clubs equally illustrious. Every year certain clubs in the Union enjoy a specially prominent existence. Although it might be expected that a "back-

ground activity level" would exist in each, due to the constant number of constituent members, this is not the case. Club eminence is usually the result of an individual driving force and it is up to you to ensure that your pre-Guy's extra-mural interests are extended and developed. This is part and parcel of your education. Even though the clubs exist for you they can only exist because of you and thus active and wholehearted participation is required.

The *Gazette*, the oldest hospital journal in the world, is a magazine for all Guy's men and women. Although it is primarily a student publication it aims to be of relevance and interest to old Guy's men as well as students, and this is in part achieved with an extensive news and information service. The *Gazette* is over 100 years old and every copy is available for reference in the Wills' Library. In this special edition, the Dean, four of the pre-clinical professors and two key students introduce you to some of the facets of Guy's. The *Gazette* invites and values your contributions and encourages you to voice your criticisms and views through its columns. The message to you all is clear—your student days at Guy's are to be remembered and cherished and we hope they will be fulfilling, interesting and great fun.

NEWS EDITOR — NEW APPOINTMENT

We should like to extend a hearty welcome to Mr. Michael Bourne, B.Sc., who joins the *Gazette* editorial staff as News Editor. His journalistic acumen will supplement that of our other newsman, Mr. Peter Tillman.

GUY'S DIARY

OCTOBER			
28	M	1.00	Clinical Lecture. Dr. BURRY "The Pathology of Rheumatic Disease"
NOVEMBER			
12	Tu	1.00	Clinical Lecture. Prof. KEEN "Aetiology of Diabetes"
18	M	1.00	Clinical Lecture. Mr. CRABBE "Joint Replacement"
25	M	1.00	Clinical Lecture. Maj.-Gen. ROGERS "Missile Injuries"
CANCELLED			
OCTOBER			
29	Tu		Mr. BLACKBURN
NOVEMBER			
11	M		Mr. MAYNARD
21	Th		Dr. SCOTT

NEWS IN BRIEF

Consultant Posts

We should like to congratulate Mr. J. A. S. Caruth, F.R.C.S., who has been made a Consultant E.N.T. Surgeon to the Southampton Group of Hospitals, and Mr. J. R. W. Gumpert, F.R.C.S., who has been made a Consultant General Surgeon at Brighton, Cuckfield.

Dr. Henry Rosenberg, O.B.E.

We should like to extend our congratulations to Dr. Henry Rosenberg who was awarded the O.B.E. in 1973.

Gray's Anatomy

The 35th edition of "Gray's Anatomy", edited here at Guy's by Professor Roger Warwick and Professor Peter Williams, has been given several awards for the high quality of its production. Firstly, it was awarded the *Lancet* Trophy for Medical Photography for the new photographic illustrations it contained, for which Kevin Fitzpatrick of the Anatomy Department was largely responsible. The award was presented at B.M.A. House on 8th March by Sir Ronald Tunbridge, President-Elect of the British Medical Association, together with the editors of the *Lancet*. Secondly, the printers of "Gray's Anatomy", Jarrold and Sons Ltd., were proclaimed the "overall winner of the Lithoprinters Awards 1974" for the outstanding job they made of the new edition.

Miss Winifred Mary Venning

We regret to announce the death of Miss Winifred Mary Venning late of No. 1 Dareswood House, Southview Drive, Worthing, Sussex, on the 24th September, aged 91 years. She worked at Guy's from 1906 to 1919 and was "Sister Lydia" during the First World War.

The Community Action Group

This voluntary service organisation focuses its energies on the homeless and the alcoholics of London. Students from many of the London Colleges help with First Aid and basic medical care at the "night shelters". The Community Action Group will soon be amalgamated with "St. Mungo's", a large and well-respected organisation that also seeks to aid the plight of under-privileged children. Other projects include "hypothermia in the old" and teaching English to immigrants. Further information about this worthwhile group can be obtained via Dave Stephens, c/o East Wing.

Nursing and the Medical Profession :
A symposium to discuss current problems

This is a joint meeting of the Royal Colleges of Nursing, Midwives, Obstetricians and Gynaecologists, Physicians and Surgeons. It will take place at the Royal College of Physicians on Thursday, 28th November, 1974, at 7.00 p.m.

Topics on the programme are :

> A new role for the clinical nurse; The specialist nurse; Any questions?; Quo vadis?

Participants include the President of the Royal College of Nursing, the Vice-President of the Council of the Royal College of Midwives, President of the Royal Colleges of Obstetricians and Gynaecologists, Physicians and Surgeons, the Chief Nursing Officer of the Department of Health and Social Security, the Principal Officer of the Joint Board of Clinical Nursing Studies, Professors of Nursing, Ward and Departmental Sisters and Midwives, Nursing Tutors and various members of the medical profession.

Any member of the nursing or medical profession welcome.

Please apply as early as possible (allocation will be in order of receipt of applications as accommodation is limited), to Dr. Michael Joseph, Conference Organiser, Royal College of Physicians, 11 St. Andrew's Place, Regent's Park, London, NW1 4LE (01-935 1174). Admission free, by programme.

Guy's Genetic Club

The next meeting of the Guy's Genetic Club will take place on Wednesday, 30th October, in the Library of the Paediatric Research Unit (4th floor, Cameron House), at 5.30 p.m. Dr. P. Benson will talk on "Recent progress in the biochemical genetics of the mucopolysaccharidoses".

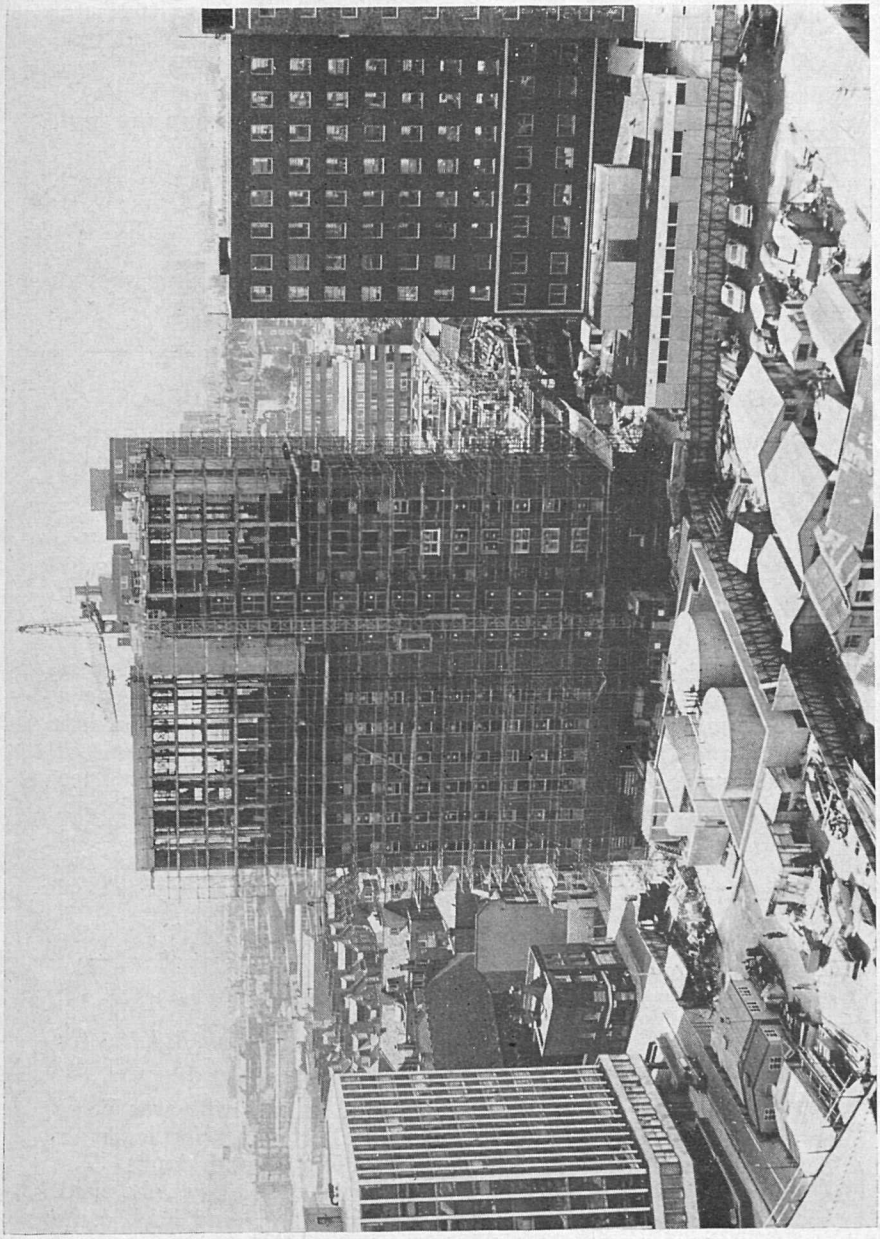
Wolfson House

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Mrs. C. G. Baker
Dr. C. C. Bates
Mr. E. Oldham Clough
Dr. W. W. Cook
Mr. O. M. Jonathan
Dr. K. Kelly
Mr. P. M. Rusden
Mr. D. D. Stalford
Dr. C. W. Taylor
Mr. K. E. Thomas
Mr. M. R. Townsend
Professor G. R. Webster

Over £650,000 has now been received or promised towards the cost of the 210 study-bedrooms which are now under construction for the School. Of this total, gifts and covenants from 381 Guy's men and women and members of the Staff amount to £31,292. The

total amount still needed for the study-bedrooms is £450,000. The building is due to be completed in May, 1975, and the photograph on this page shows the building as it was early in August.



Wolfson House as it was early in August this year

The Friends of Guy's Hospital—a Christmas Appeal

The Friends of Guy's will be selling Christmas gifts, toys and cards again this year on their Christmas trolley, in order to raise money to provide extra amenities for the patients. They would be extremely grateful for any donations or gifts—home-made toys are particularly popular. Contributions should be sent to Mrs. Campbell or Mrs. Helliwell, The Friends of Guy's Services Branch, Guy's Hospital, London, SE1 9RT, and be marked "Christmas Trolley". The selling of gifts will commence early in November from the new flower shop in Great Maze Pond.

Director wanted

Anyone wishing to direct a play at the end of term should contact the Theatre Club Secretary, Anne Thomas, c/o East Wing.

Royal Society of Arts

We are pleased to announce the election of Dr. Henry Winsley-Stolz, M.D., as a Fellow of the Royal Society for the Encouragement of Arts, Manufactures and Commerce.

Thumbs up for toe transplants

Following a report in the Australian press that an operation to transfer a man's toe to his hand was considered unique, Mr. Charles Gilmore of Co. Wicklow, Ireland, claimed that he had undergone a similar operation 20 years ago in Guy's Hospital. Mr. Gilmore lost the thumb and first finger of his left hand in Korea as a result of mortar shrapnel. He was invited to Guy's Hospital and the big toe from his left foot was transplanted to the position of his left thumb. At Guy's he was under Mr. Clarkson whose dresser was Colin Shannon. He can manoeuvre his toe-thumb quite easily and has asked whether anyone else can pick up a pint with their big toe!

Vive la difference!

We should like to thank the *University of London Bulletin* for the following article :

We have heard the *true* story of a young lady who was being interviewed for a place at one of our medical schools. Her academic achievements were superb and her motivation beyond doubt. The Dean was most impressed. "Excellent, Miss Cholmley", he said, "now tell me why did you choose St. Gregory's?" And back came the reply, "Oh . . . because it is on the way to Harrods!"

Distalgesic wipes out pain

over and over and over again

DISTALGESIC™
tablets contain 32.5 mg
Dextropropoxyphene
Hydrochloride BP
with 325 mg Paracetamol BP

DISTALGESIC soluble
tablets contain 50 mg
Dextropropoxyphene
Napsylate BP
with 325 mg Paracetamol BP

Further information available on request. Dista Products Limited, Speke, Liverpool, L24 9LN
Distalgesic is a trade mark P2072/NOV72

MESSAGE FROM THE DEAN

Guy's is now at a particularly interesting stage in its history. In just over a year we shall be celebrating the 250th anniversary of the opening of the Hospital and before then the Tower Block will have come into use, providing a new Dental School and Hospital, new obstetric, paediatric, x-ray and clinical pathology departments, new accommodation for paediatric and general research and a fine new lecture theatre. It is a telling commentary on changing values to reflect that Thomas Guy spent just over £19,000 on his original hospital, while this new addition to it has cost the D.H.S.S. and the Endowment Fund some £14,000,000.

Of perhaps more immediate concern to students will be the opening next summer of Wolfson House, providing 210 study bedrooms on 17 floors. Each room has a washbasin and on each floor there are bathroom and lavatory facilities, a small kitchen and a common room. £650,000 has already been raised towards the cost of this building and strenuous efforts continue to find the balance needed, now some £450,000. There is no doubt this modern accommodation on the site will add greatly to the quality of student life at Guy's, from both educational and social aspects, a point which I hope will commend it to any potential benefactor who may chance to read these words. The rooms will be available to all medical and dental students.

Alongside Wolfson House an auditorium to hold 450 people is being built. The result of a generous legacy from Sir James Greenwood, a Governor of the Hospital until his death in 1969, it will be known as the Greenwood Theatre and will be of great value to both Hospital and School for special occasions. Beside the Greenwood Theatre will be the large new Orchard-Lisle Swimming Pool which will provide a splendid new amenity for all who work at Guy's. The theatre and swimming pool are likely to come into use during 1975.

Students entering the Medical School now are the second batch to start their course for the M.B.B.S. degrees under the new University of London regulations. Guy's is one of only two schools which still offer teaching in Physics, Chemistry and Biology for what is now called the Preliminary Examination for Medical Degrees, and we are glad to be able to receive people who have taken 'A' levels to a high standard in subjects other than these. However, the majority enter directly into the course in Basic Medical Sciences (which has replaced the 2nd M.B. course); it extends over six terms and includes teaching in Genetics, Statistics, Sociology, Psychology and Medical Physics as well as in the traditional preclinical subjects, Anatomy, Physiology, Biochemistry and Pharmacology. Another innovation is the introduction at this stage of a good deal of clinical teaching which I hope helps to bring out the relevance of the work in the basic sciences to the job of being a doctor. This new course looks formidable and there is certainly a lot to learn; but the high hurdle of the old 2nd M.B. at the end of the course has been replaced by a series of smaller exams throughout the course and experience to date shows that good results

are being achieved in these exams. I believe this new course provides a much better foundation for the practice of medicine today than the old one.

A new clinical curriculum will be introduced in October, 1975, when for the first time the whole year's intake of students will enter the wards together. Features of this new curriculum include the separation of lecture courses, including the course in Pathology, from the clinical clerkships, and the replacement of the traditional clinical lectures by a systematic course of topic teaching in which the core of the clinical curriculum will be covered.

One thing which has not changed is the friendly atmosphere which has always prevailed at Guy's and students entering now can look forward confidently to five busy, happy and rewarding years.

J. C. Houston.

GUY'S INTO BATTLE

You will have heard it said that the Health Service is in a bad way, even dying, and maybe wondered what it will be like to train for an uncertain future. Well, it is true that the Guy's Group, like other teaching hospitals, is beset by troubles not seen in the last 35 years and perhaps not ever before. We have lost our Governors and our direct link to the Ministry of Health; between us and the D.H.S.S. is a Committee structure that seems designed to guarantee that little positive can be done and ensures that we are not masters in our own house. Much of the staff is badly underpaid and well aware of it. Conditions in Hunt's House and Outpatients are bad, although we can set New Guy's House, the Tower and improvements at New Cross and St. Olave's on the credit side.

If we are to survive as an excellent teaching hospital and dental school, this will depend on the quality of our people and, above all, of the young. The role of the doctor and dentist, in hospitals, will change; he or she will be seen more as part of a team than the great "I am" of former days. Nevertheless, when the crunch comes, it is the medical or dental clinician who has to take responsibility and be the person to whom the patient must turn for final comfort or help. This responsibility is what most of you have come here to undertake and we shall do our best to fit you for it. You will learn something of the social as well as the natural sciences and this should help you in dealing with people. The clinical training is to be greatly changed and is extended into the preclinical period.

There can hardly have been a time when Guy's needed its students more. They have been selected for character as well as academic ability and we teachers hope that we can count on their loyalty and perhaps even affection. It is a time for stout hearts, for patience and for intelligent and critical belligerence. It is a time to stick to what Guy's is for, that is learning and teaching and, above all, tending the sick.

G. A. D. Haslewood.

EDUCATION, EXAMS, AND FEEDBACK

"I remember, when I was a student"—how often have I found myself saying this to my own students, as a prelude to some statement comparing the student and his lot in two different generations—a comparison frequently, I admit, by no means flattering to my own student days.

Yet, can I *really* remember as much as I believe? Yes and No! I usually recall the similarities, and much was indeed just the same. But I am *sure* of an even earlier memory—our schoolboy scorn for newspapers, whose mendacity was a standing joke. Nowadays, the Media, as they have become in the self-conscious jargon of today, may or may not be taken seriously by the young, but they are more numerous and vociferous. In fact, we are all assaulted by an ever-increasing deluge of news, opinion and exhortation as never before in history. This is the great difference from my student days; and side-by-side with this propagandist flood is a constant pressure to reach opinions (with little thought), to take sides (with little dispassion), to strut and be oneself (with little humility), to buy this and that (whether you need it or not), and in particular to "do one's thing" (without reference to ability or standards), leading to an almost hysterical self-consciousness.

Of course, things are never quite as bad as they seem, and some of you must be managing to survive (as I also hope am I) the medical environment which tends to engulf us. Now you are entering a more specific environment, with a plethora of "subjects", all "crying their wares", and a conveyor belt of examinations. You will *really* need to "be yourself" during the next two years—and not the over-self-conscious self which reaches out to every ephemeral catchword and attitude of the moment. You will not beat the System by mere intellectual fad and fashion. You may well slip through the examination grid, but you will emerge a passive, indoctrinated, mental slave to the "system". And the System—curriculum, teachers, books, exams, etc.—is really not so bad. Everything is, of course, imperfect, but the greatest defect in Us and You is that we forget that education is a two-way effort. We need a constant feed-back from you—and not a niggling drip of unproductive criticism of the System in which we all find ourselves, but an interested, critical dialogue on the intellectual content of our work with you and a willingness to *do* something with it beyond the grinding boredom of exams. The operative word is WITH : we are not performers, nor you spectators; we are jointly involved in an endeavour, to which we annually welcome you with as much enthusiasm as we hope and believe is in you. You will find this a friendly place, but with all the usual human failings in Us as, doubtless, in You. This makes it all the easier to cross traditional barriers—which, anyway, never were very real. If you are interested and keen, and willing to help yourself, who can deny you help? Not many here!

Roger Warwick.

Are your patients suffering sensitivity in silence?

As you know, hypersensitivity can be painful but it needn't be serious. The trouble is that patients who suffer from sensitive teeth often shy away from painful treatment, choosing to *endure their discomfort in silence.*

But there is a way that patients can tell you without their having to say a word. Simply give their teeth an all-round squirt from your 3 in 1 Air Syringe. If the patient over-reacts then recommend regular brushing with Sensodyne, the medicated toothpaste that brings relief from the painful symptoms of hypersensitivity.

Leading dental authorities recognise Sensodyne's superiority.

Sensodyne contains strontium chloride which builds up a really effective protection. This unique fomulation has been proved time after time to be one of the best treatments for hypersensitivity. Whether it be caused by periodontitis, surgical exposure, clamp abrasion or any other dental condition.

90% of patients find Sensodyne helps reduce the level of sensitivity and 67% gain complete relief (1-9). Sensodyne starts to work with the first brushing. And the longer it's used the greater the cumulative protection it provides.

Sensodyne gives superior plaque control too.

But Sensodyne is not only good for hypersensitivity. With a proper brushing technique it is one of the best ways of removing harmful plaque.

In tests, independent investigators found Sensodyne's enamel polishing properties three times higher than other commercially available desensitizing dentifrice (11). Sensodyne is completely safe for continued use, and can be recommended with confidence as a replacement for ordinary toothpaste.

The Sensodyne Softex Toothbrush.

As you know, to complete the treatment for hypersensitivity it is vital that patients use a toothbrush that will not aggravate the condition.

The Softex brush has slender, resilient, nylon filaments, which are rounded at the tip to prevent abrasion or injury to the gums. The brush head is short, narrow and rounded, which makes it easier to clean and brush *all* parts of the teeth without damaging sensitive areas.

So when you recommend Sensodyne, remember the Softex brush. Together they provide the complete home treatment for hypersensitivity (12).

References

1. H. Zelman and C. E. Hillyer, "Treatment of Dental Hypersensitivity with a Strontium Chloride Dentifrice in a General Dental Practice," New York J. Dent., 33:259, 1963.
2. *B. Blitzer, "A Consideration of the Possible Causes of* Dental Hypersensitivity: Treatment by a Strontium-ion Dentifrice," Periodont. 5:318, 1967.
3. M. R. A. deRabbione and J. Monteverde, "Action of a Dentifrice Containing Strontium Chloride as an Active Drug for the Treatment of Dental Hyperesthesia," El Cooperador Dental (Argentina) No. 186-187, Nov-Dec 1964.
4. R. M. Meffert and S. W. Hoskins, "Effect of a Strontium Chloride Dentifrice in Relieving Dental Hypersensitivity," J. Periodont, 35:232, 1964.
5. H. Skurnik, "Control of Dental Hypersensitivity: Preliminary Report on a Strontium-containing Dentifrice," J. Periodont, 34:183, 1963.
6. A. Cohen, "Preliminary Study of the Effects of a Strontium Chloride Dentifrice for the Control of Hypersensitive Teeth," Oral Sur., Oral Med., & Oral Path., 14:1046, 1961.
7. M. R. Ross, "Hypersensitive Teeth: Effects of Strontium Chloride in a Compatible Dentifrice," J. Periodont, 32:49, 1961.
8. H. Pusso-Carrasco, "Strontium Chloride Toothpaste – *Effectiveness as Related to Duration of Use," Pharmacol. and* Ther. in Dent., 1:209, 1971.
9. W. B. Shapiro, R. S. Kaslick and A. I. Chasens, "The Effect of a Strontium Chloride Toothpaste on Root Hypersensitivity in a Controlled Clinical Study," J. Periodont. 41:702, 1970.
10. W. B. Shapiro, R. S. Kaslick, A. I. Chasens and D. Weinstein, "Controlled Comparison Between a Strontium Chloride and a Sodium Monofluorophosphate Toothpaste in Diminishing Root Hypersensitivity," J. Periodont, 41:523, 1970.
11. G. K. Stooky and J. C. Muhler: J. Dent. Res. 47:524 (Jul-Aug) 1968.
12. L. M. Nevins, "Control of Resistant Dental Hypersensitivity," New York State Dent. J. 30:160, 1964.

Stafford-Miller

TEACHING IN THE PHYSIOLOGY DEPARTMENT

Change in medicine is continuous. Some diseases become uncommon, others more common even within two decades, which is only half a professional lifetime. The patient's expectations of his doctor change, and there are changes in ways of preventing, diagnosing and treating illness. To feel competent in his evolving profession every doctor has to arrange a continuous education for himself.

In acquiring a knowledge of the scientific subjects underlying medicine, students have their first opportunity to become part of a community of scholars. They will discover that there are many areas where the facts are not yet available. Even when information is available, its relevance to particular situations may be uncertain.

The course in physiology is an introduction to the basis of human function. It is taught in such a way as to encourage the student to develop a compulsive desire for an understanding of the changing background of medicine.

The facts of a subject, unless refreshed by use, are soon lost. The process of acquisition and organisation leaves behind the memory of a method which makes it easier to study the original or related fields. In the time that medical students can usefully give to physiology they can only take in information about examples representing fields of knowledge. Even the facts relevant to these examples are likely to be only partially retained, but they can be used to provide a framework of expectation. Thus as he sees the evolution of a patient's illness, or hears about the work of a colleague, a student should occasionally feel compelled to remark, either outwardly or inwardly, "I wouldn't have expected that". Without such a frame of reference, change cannot be readily integrated into knowledge. In the course of acquiring his understanding of physiology the student will have the chance to enjoy argument within rules, to follow trains of evidence, and to put together a tentative picture of the current state of knowledge. Because much of the subject matter of physiology is relatively simple it provides a useful field in which the capacity for self education can be acquired. It is the aim of the department to encourage this by a lively dialogue between students and staff.

J. N. Hunt.

STARTING TREATMENT

Pharmacology is the study of the actions of drugs. One branch of pharmacology is the use of drugs in the diagnosis and treatment of disease. In the pharmacology course at Guy's both the clinical and cellular aspects of the subject are introduced from the start.

Pharmacology is an eclectic subject and lies at a meeting point of physiology, anatomy and biochemistry. Where possible there is an integration of the timetables of these courses. For example, the effects

of drugs on the lungs is taught at about the same time that the physiology of respiration and the structure and nerve supply of the lungs are being dealt with.

Although there are many hundreds of drugs currently used in clinical practice, it is the general principles which are the main concern of the course. Rather than expecting great feats of memory, the course in the first five terms is designed to cover the smallest number of drugs which will illustrate the main types of drug action. After the fifth term the approach becomes more disease orientated, although the scientific basis of therapeutic procedures is stressed throughout the medical curriculum.

R. G. Spector.

I SPY STRANGERS!

I hope that by the time this edition of the *Gazette* is published, you will no longer find yourself a stranger in Guy's and maybe you are even wondering whether this article is directed at you. The term "Fresher" has an uncomplimentary ring about it, but I can assure you it is not. We look to you all as fellow students with common interests.

Every October, the Clubs look forward to the arrival of a fresh student intake unpolluted by examinations, vivas, and the famous Guy's apathy, who will have the initiative and enthusiasm to carry on their activities in the next few years. Unfortunately our courses are demanding, landladies have fixed mealtimes and it is always easier to talk about doing something than actually doing it! That is why the Theatre Club is looking for a Producer for its next play and the Music Club cannot find itself a choir or orchestra. There are many talented people here, but they cannot or will not find the time to make this Union into a first-class social club. We look to you.

So welcome to Guy's, not as a tolerated newcomer but as an important and valued person. You will spend a large part of your next five years in the Hospital and the more effort you put into your time here the more you will get in return. Ours is a living community and you are its future; help us to make it a good one.

David Fine

(*President of the Clubs' Union*)

Guy's Social Life

There is a full programme of social events at Guy's, especially during term time. Every Saturday evening there is a "hop" with a live group and Disco. in the East Wing Ballroom. These functions are also attended by students from all colleges in U.L.U. and they provide an opportunity to meet people from faculties other than your own. On alternate Wednesday evenings there is an "Inflam" in the East Wing Bar. These are usually free of charge and because of their indigenous nature often provide a source for a most enjoyable (albeit moist) evening! Other clubs in the Union provide their own social

events: the Theatre Club organise "dramatic evenings" and parties and the Folk Club invite guest artists for "sing-along sessions" on most alternate Wednesdays.

Every year the "Snowflake Ball" seems to get better. The whole of the East Wing is elaborately decorated for this pre-Christmas extravaganza of food, drink, music and frolic. The Ball this year is on Thursday, 5th December, and the entertainment includes "Mungo Jerry" supported by a top local group, "Bronx". Double tickets, including the meal, cost £7.00 and will be available soon.

May I wish you all a most enjoyable studentship at Guy's; it is supposed to be the most enjoyable time of your life and an active participation in the social events will be a certain way of achieving this. Steve Evans, *Social Secretary.*

OBITUARIES

LEONARD GEORGE JAMES PITT-PAYNE, M.B., B.S., M.R.C.S., L.R.C.P.

Leonard Pitt-Payne died on the 21st September, 1974, at the age of 70, after a short illness.

He was born in 1904 and educated at Dulwich College.

In 1927 he qualified from Guy's Hospital, having won the Treasurer's Gold Medal in Surgery and entered private practice with his father, to be joined later by his younger brothers William and Frank.

During World War II he was a Captain in the 128 Field Ambulance and served in France, Belgium, Holland and Germany, being decorated with the Belgian Croix de Guerre and the Order of Leopold.

Subsequent to the war and the advent of socialised medicine, he practised alone, having a large and busy general practice, which he found stimulating to the end. He was deeply involved with his local tennis club and remained a vigorous player until the last month of his life. He was also keenly interested in the work of the Red Cross and served as an Instructor and Examiner for over 30 years.

He leaves behind to remember him, his devoted wife "Mabs", his children Bruce and Eve, and seven grandchildren. B.P.P.

ARTHUR DOUTHWAITE, M.D., F.R.C.P.

Arthur Douthwaite was one of the leading consultant physicians of his generation. The son of a medical missionary, he was born in China and educated at Bristol Grammar School. He was a civilian prisoner of war in Germany during the First World War and in 1918 entered Guy's where he had a distinguished undergraduate record, winning the Beaney Prize for Pathology, the Science Scholarship and the Murchison Prize of the Royal College of Physicians. He took the M.R.C.P. twelve months after qualifying and the London M.D.

two years later. As a medical registrar he had to supplement his income by doing the night work in a panel practice and overwork led to a tuberculous pleurisy. He was advised by Dr. Beddard to give up his registrarship to live on the south coast and spent the next three years in general practice in Worthing. This experience was of inestimable value to him in his later career as a consultant. While a G.P. in Worthing he was the first to introduce the injection treatment of varicose veins into this country and his small monograph on this subject ran into five editions.

In 1927 he was elected to the Guy's staff and quickly established a reputation as an outstanding general physician and teacher of clinical medicine. Throughout his long career he retained an enquiring mind and constantly sought to improve methods of diagnosis and treatment; he was among the first in this country to take up gastroscopy and liver biopsy, and wrote many papers on therapeutic trials. With G. A. M. Lintott he gave the first account of acute gastric erosion due to aspirin. It was largely due to his efforts that a proposed ban on the manufacture of diamorphine was rescinded. For many years he was the editor of Hale-White's "Materia Medica" and French's "Index of Differential Diagnosis of Main Symptoms" and both enjoyed enormous success under his guidance.

He held the offices of Senior Censor of the Royal College of Physicians, President of the Medical Society of London, President of the Section of Medicine of the Royal Society of Medicine and President of the British Gastro-enterological Society. He was Chairman of the Medical Sickness Annuity and Life Assurance Society and was for many years a Vice-President of the Medical Defence Union.

Tall and strikingly handsome, he had a commanding presence and quickly gained the confidence and trust of his patients. More important, and perhaps less common, he was held in high esteem by those best qualified to judge, his junior staff, as shown by the attendance of all his former registrars at a dinner held in his honour when he retired from the active staff of Guy's in 1961. He finally retired from consulting practice only in April this year.

A connoisseur of good food and wine and with a great capacity for enjoying life, he was an excellent and generous host and many junior colleagues have reason to be grateful for his unfailing kindness and support. He was very happy in his domestic life and our deepest sympathy goes to Mrs. Douthwaite and his three daughters.

J.C.H.

PRIMARY HEALTH CARE TEAMS

Michael G. Bourne

A review of the British Medical Association's report, published on 16th October, 1974.

Primary health care is defined as "the first contact between a member of the public and the public or private health services, and

the continuing care that follows from it". It mainly refers to ambulant care but may involve admission to hospital.

With the shortage and mal-distribution of health service personnel throughout the world, the report suggests ways of restructuring the health services to distribute their benefits more evenly and effectively. The problem has been studied with reference to the situation in both developed countries, such as Great Britain, and in undeveloped and developing countries. The report has studied primary health care on a team basis, and although the general practitioner is at the heart of the team, it concerns itself more with the extension of the responsibility given to nursing staff under the supervision of the general practitioner. In Great Britain it suggests that registered nurses should be given specialised training in Community Medicine. In certain defined areas they should then undertake patient assessment and counselling and, in certain circumstances initiate therapy. Social workers should also be integrated into the team and it should be recognised that they have within their own field, equal responsibility and standing with other members of the team.

The report also suggests that the development of community hospitals, where in-patients care would be supervised by the general practitioner, would promote the work of the primary health care team. In this way the general practitioner would distribute a good deal of his work-load amongst the other members of the team but would have a great deal more responsibility in that he would have to provide clinical leadership for the team, and should be prepared for his rôle by appropriate training.

In the developing countries the shortage of professional health service personnel is even more severe, and there is a greater tendency for them to be concentrated in urban areas, leaving the rural areas where the majority of the population lives, without adequate health care.

In this situation the report recommends the establishment of a technical grade (medical assistant) which would "extend the physicians reach rather than substitute for them". It is suggested that high school leavers who have failed to secure a university place should be offered a two-year training course and after around five years work in the field be given the opportunity to complete a professional training at university. The nucleus of the primary health care team in developing countries would then consist of a medical assistant, a community enrolled nurse and a communicable-disease auxiliary under the supervision of the district general physician and registered nurse stationed at the district hospital.

This report will probably attract both great praise and severe criticism as its recommendations, particularly where they concern the re-allocation of responsibility, are bound to upset the more conservative members of the medical profession. It is a report that is well worth reading and studying as the problem of the efficient distribution of health care must be of concern to us all.

DO YOU SUFFER ?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help !

bosp PRINT LIMITED

22 NORTH STREET, BROMLEY, KENT

01-460 2257

The Philpott File : THE HOSPITAL

This series was concerned with the work of a teaching hospital and with its staff and students. Its message is loud and clear for all those who were willing to listen. The hospital section of the Health Service has a large job to do and many devoted people contribute to its efforts. But at the same time the hospital is going through a critical period, in which financial and administrative restraints threaten its ability to provide a service and to attract staff.

At a time of national crisis those who work in hospitals fear that the service is being downgraded to the point where it may hardly survive. It is clear that policy decisions about the Health Service depend sometimes upon logical plans but at other times on the forces of coercion and industrial blackmail. In these bullying days, it cannot have escaped notice that the complaints of radiographers were being brushed aside at a time when a threatened strike of engineers in the Health Service led to a settlement of their claim within days. The moral, if it can be called a moral, is clear. Engineers could paralyse a Health Service more quickly than radiographers. Engineers should be heeded. Less powerful groups should wait.

These programmes were filmed at Guy's, and from a local point of view there can be few complaints about the job done by Mr. Philpott and his team. Those who work in hospitals—perhaps more than most others—are aware of the distortions that can be introduced by a biased television editor under the guise of a "balanced documentary". This accusation could never be levelled at Mr. Philpott's team. They may have shown Guy's to the world, warts and all, but were kind enough to refrain from showing a picture that consisted entirely of warts. In thanking them, perhaps we should also give credit to the Superintendent and Medical Executive for deciding that it was time for the problems of a teaching hospital to be presented to the public in terms other than those of the ad-man or the B.M.A. negotiator.

The Programmes

The first programme dealt with the work and problems of radiographers, physiotherapists and technicians. We were shown the sad militancy of many of these professional people, who have seen the point made, again and again, that militancy is rewarded while patience is penalised. Apart from the topic of pay and conditions of service, there was a faithful portrayal of the skill, the sense of service, and the humanity of a variety of para-medical groups. They are dismayed by the downgrading, by successive governments, of an increasingly under-financed health service, and those who wish to resist this trend have few options. Some, like the physiotherapists, have no stomach for industrial action, but they can nevertheless emigrate or leave the service—and this they do in increasing numbers.

The nurses and the ward sisters were featured in the second programme in an intensive care ward, in a geriatric unit, in an operating theatre and with renal dialysis patients. This was the best programme of the series and was shown just before the publication of the Halsbury Report. The devotion, the humanity and the skill of the nursing staff needs no emphasis. No doubt the reason why the geriatric ward sister appeared to be a saint is that she IS one. The Halsbury Report merely emphasised the accuracy of Mr. Philpott's series and led one to wonder why it has taken so long, and needed so much protest, before the message got home to those in authority, that the nurses and para-medical professions have been taken for granted for too long.

The third programme dealt partly with students, whose keen but critical approach to their work was a pleasure to behold. It also portrayed the junior doctors. The competence of these hard working members of the hospital team was impressive. So, alas, was the sad disaffection of men, highly qualified and well into their thirties, who are still unable to work reasonable hours, to spend much time with their families, or to afford a mortgage on a house. Emigration is again mentioned as almost the only solution to these personal problems. To quote the words of one of the consultants: "The young doctors arrive full of the enormous enthusiasm of youth, and by the time they are trained and ready to work they are disillusioned and looking around for some other country to work in. That is the real tragedy".

By contrast, the last programme showed the work of a surgeon, a renal physician and a geriatrician, without frills and without any political axe to grind. The overwhelming magnitude of the geriatric problem was displayed in a convincing and very sobering way.

The Personnel

Most of the people who featured in this series have grown up in the Health Service and would not choose to take part in any other system of medical care. They have, however, seen the instability that follows from a total dependence on government. Government—of whatever kind—tends to see the public sector as a suitable sacrificial victim in the need to contain inflation and rising costs. Those who work in the Hospital Service have seen the development of an increasinly centralised authority and an increasingly rigid method of administration. They have seen money lavished on new administrative buildings which will control even the largest hospitals from "the centre". They have seen the organisation of Guy's still waiting to be informed of their budget for next year. Bewildered by this, they need constantly to remind themselves that their problems are trivial compared with those of non-teaching hospitals in the north of England or in underprivileged metropolitan areas.

The Problems

Unhappily, those who negotiate on behalf of the medical, nursing and paramedical professions have often taken a narrow view of these

problems, and a concern about pay disputes has often obscured other issues. The problems are immense, and the disruption of laundries, X-ray departments and operating theatres are but symptoms. The introduction of piece rates for junior doctors may now be extended to more senior doctors, and a disastrous emphasis on clock-watching has been introduced into one more field of endeavour. As attitudes change and harden, the time may approach when irreparable damage will have been done to all that the hospital stands for. More and more often, patient care and public service seem to be pushed into the background.

The *Philpott File* has carried out a great service in presenting these problems in very human terms (but why only on BBC 2?). Unfortunately, it cannot provide all the answers—but nor, for that matter, can the re-shuffling tactics of different governments. The writing is on the wall. We should reflect that it takes many years to train new people to run a service of this complexity. If those who work in the service stop recruiting, emigrate, move into industry or simply leave, we shall have huge and, by that time, insoluble problems. It will not help then to count the unskilled employees who are still willing to fill the gaps. This is one instance where statistical returns will be of no avail.

M. H. Lessof,
Department of Medicine.

POEM

" SACROSANCT "

Rains incessant rings in a puddle's face,
Stretch backwards and forwards in Time's place;
For all your wishes that the clouds stay still
You cannot stop the ringlets greying on life's sill.
Shout, now at dawn, shout when darkness falls,
Tomorrow will come and the dates will call
On a Calendar's square. Somewhere in numberless grace,
Forgotten in discarded dates of the past your face
Is creased down there in the wastepaper-basket of the past.
Therefore, alive now in the present, cannot you grasp
You will not be here in the future nor living were you in the past.
How are you then of importance? Importance, a hand of the clock
Holds yours and at that moment of time stops
Gripping the fingers, slipping them between the pages of History.
Do you then seek a God, who stops the clock?

Bruce Wotton.

THEATRE CLUB — FRESHERS' EVENING

On 1st October the Theatre Club organised an evening's entertainment for the Freshers, consisting of a film made by the newly formed "W. A. S. Productions" and a one-act play, "The Hole", by N. F. Simpson.

Film-making is a new enterprise for the Theatre Club. With a shoestring budget and a bare minimum of equipment the finished product, "Kinky Boo", was a creditable achievement, largely due to the incredible enthusiasm of the members of "W. A. S. Productions". The humour of the film clearly owed a great deal to "Monty Python's Flying Circus" but was nonetheless successful. A group of mountaineers set out from North London to scale the new Tower Block—presumably because "it is there". The trick photography used to show the actual ascent of the Tower was undoubtedly the highlight of the film, despite its transparency. It is to be hoped that "W. A. S. Productions" will be able to produce another film in the near future.

"The Hole" by N. F. Simpson provided entertainment of an entirely different nature. A cast of seven, including Endo, Mrs. Meso, Mrs. Ecto, Soma and Cerebro, was immediately suggestive of an Anatomy Lecture, but any such fears amongst the audience vanished when the lights went up to reveal a workman (The Visionary)—played by Mark Turtle—asleep by a hole in the road :—

Endo: "Are you expecting anything special to happen?"

Visionary: "I'm forming the nucleus of a queue."

It would be difficult to describe in a few words precisely what does happen. Endo (Barrie Price), Cerebro (John Efthimiou) and Soma (David Cole) gather round the hole to speculate on its possible contents, and to discuss life, war, religion—indeed anything. All three performances were competent, Dave Cole in particular showing remarkable versatility.

The actions of the three men were neatly counterpointed by Mrs. Ecto (Di Laborda) and Mrs. Meso (Cilla Clarke) both of whom cleverly caricatured housewives—scarves, slippers, et al.

It would be impossible to answer the question "What was the play about"—it was really a sequence of witty (rather than humorous) parodies, with some very cleverly constructed dialogue. Such a play requires careful and painstaking direction, and this it received from Tim Baylis.

The technical side of the production went without a hitch. It is no mean achievement to erect a full stage, with sound and lights, in the Ballroom. These tasks were efficiently coped with by Geoff Aukland, Ian Hammett and Dave Sykes. The latter's contribution was particularly inspired. Some of the lights fused during the performance, and, watched by a rapidly ageing Director, Dave managed to re-solder all the connections without missing a lighting cue.

During the interval, a large amount of food was provided by Georgina Bailey, Debbie Stevens and Di Sliney. Finally, to complete a successful evening, Ian Hammett organised a Discotheque.

J.R.A.D.

DR. DAVID STAFFORD-CLARK — AN APPRECIATION

The retirement of Dr. David Stafford-Clark from the consultant staff on health grounds earlier this year brought surprise, deep regret and dismay to innumerable friends and colleagues. This was not only at Guy's and in this country but also among innumerable well-wishers abroad, where, through his writings and widespread personal contacts, he has gained international repute and esteem.

David Stafford-Clark's career has been based on such a unique combination of professional distinction and diversity of colourful achievement that no one could summarise it with both brevity and justice. However, we must try!

He has been a Guy's man since his arrival here as a student in 1933. Four years later, a herald of things to come, he obtained the Gillespie Prize. He qualified in 1939 and became House Surgeon to Lambrinudi and Stamm. From the outbreak of war, he was in the R.A.F. where his service was distinguished and a rich source of later anecdote and clinical illustration. When he returned to Guy's in 1946 he was House Physician to Coneybeare and Boland, and obtained both M.D. and M.R.C.P. within the year. Now he embarked on his psychiatric career: Registrar at the Maudsley; a Nuffield Fellowship which took him to the United States for a year; then First Assistant to Professor Sir Aubrey Lewis; in 1950 he returned to Guy's as Consultant. After Munro retired, he became Senior Physician in Psychological Medicine and Director of the York Clinic. From 1955 he was on the consultant staff of the Maudsley and Bethlem Hospitals. He was elected Fellow of the Royal College of Physicians in 1958 and a Founder Fellow of the Royal College of Psychiatrists in 1970. He was the first Chairman of the Division of Psychiatry at Guy's.

These are only a selection of his better known accomplishments which have provided the basis for his main contribution to medicine, psychiatry and many fields of life: communication. What

a superb teacher! In writing, lecturing, television and films, he showed absolute mastery of the arts of exposition. Some may believe that his greatest personal achievement was in the TV "Lifeline" programmes from 1957 to 1963. Some would say that his unforgetable style as a lecturer must place him in the first rank of teachers of his subject. Some would vote for his writings: prolific and lucid; some for his film making. Others would emphasise his dedication to the causes of students and young doctors or his Presidency of the Rugby Club or his devotion to the rights of minorities. Yet those of us who have had the privilege of knowing him well and of working with him will have no hesitation: David is the most vividly human of beings, the most inspiring of leaders, the most generous of companions and, on the right day, the funniest man in the world.

We look forward to his future return visits and to reading his new books. We hope that his new home in Cyprus will soon be in safety and send our warm regards to his wife Dorothy who contributed so much to this hospital and especially to the York Clinic over many years. We salute a great man of Guy's and wish him the fullest renewal of health so that he may long continue to teach and to entertain us.

J.J.F.

Appreciation

C. A. G. COOK, M.C., G.M., F.R.C.S.

The retirement of Charles Cook on grounds of ill-health some five years before the statutory time was a disappointment to him and a great loss to Guy's. He came to Guy's from St. Edward's School, Oxford, and qualified in 1939; joined the R.A.M.C. at once, and left it at the end of the war with the rank of Major after a most distinguished career in uniform.

On return to civilian life he settled down to Ophthalmology, and gained his D.O.M.S. and the Fellowship of the Royal College. At Moorfields he served as Clinical Assistant, House Surgeon, Senior Resident Officer, and Chief Clinical Assistant; at Guy's he became Senior Registrar in the Eye Department. From 1951 to 1958 he was Moorfields' Research Fellow, and worked at the Institute under the aegis of Professor Ashton; he carried out important research work, notably in the field of diabetic retinopathy. He was appointed to the staff of Moorfields in 1954 and Guy's in 1956; at both hospitals he very soon established a reputation as an outstanding teacher and a very astute clinician. He examined in the Fellowship and the D.O.M.S. and for the Orthoptic Board; he was Secretary of the Ophthalmological Society of the United Kingdom and Vice-Dean of the Institute.

His City interests included membership of the Worshipful Company of Spectacle Makers, where he was elected to the Court; only his disturbed health prevented his progress to the Chair. His illness

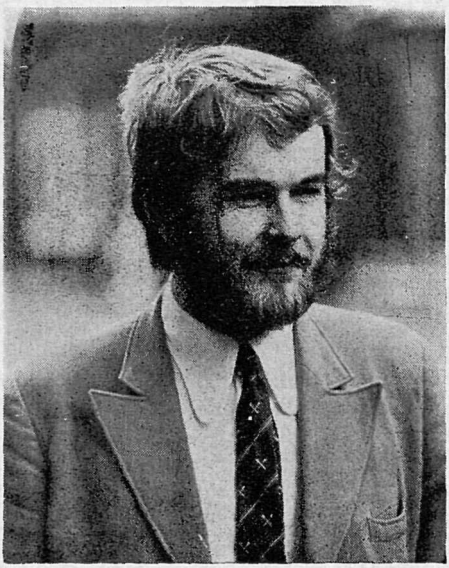
became so incapacitating that he was compelled to give up, first his private practice, and then his hospital duties; more recently it has been possible to observe definite signs of improvement which all his friends sincerely hope will lead to full recovery.

His extra professional interests lay mainly out of doors, and the upset in their cultivation consequent upon his illness provided yet another frustration and disappointment for him. May his recovery continue so that he may be allowed to enjoy his enforced retirement. He served Guy's faithfully and well, and the Department and the Hospital as a whole are the richer for his contribution.

F.W.L.

Appreciation

TREVOR BARNES



"Could you write something about Trevor Barnes for the *Gazette?*" said the new Editor.

"I didn't know he'd died", said I, only to be informed that Trevor was retiring, having recently qualified—a fate worse than death.

Trevor Barnes, one-time oarsman and self-confessed part-time dentist, is now handing over the mantle of *Gazette* editor to Clive

Handler. I cannot recall how long Trevor has been editor, but his position has spanned some of the most important times in the history of the *Gazette*. He was largely responsible for the assembly and presentation of the Centenary Edition and had, reluctantly, to propose the change from a fortnightly to a monthly edition. He also attempted to obtain a wider participation from members of the hospital in the make-up of the *Gazette*; however, Dr. Michael Simpson's Apathetic Society stepped in first, and Trevor's efforts were somewhat thwarted. His term of office also coincided with several periods of controversy regarding the *Gazette*, the Hospital and the N.H.S. Strangely, this period also coincided with my own time on the *Gazette* staff.

There were times when the Hospital feared that the Dental School and the Boat Club would combine efforts to take over the *Gazette*. However, despite his involvement in both fields, moderation and discretion gained victory over his, sometimes, partisan views. Christmas was always chaos in the *Gazette* office: Trevor managed, without fail, to leave the Christmas edition—which, incidentally, requires no mean amount of work—until the very last minute, but somehow usually managed to produce the goods on time. I should take this opportunity of absolving Trevor of any responsibility for the atrocious Christmas jokes.

The aims of the *Gazette* are difficult to state; it is, more or less, the Editor's responsibility to decide on those aims. In such a transition as the hospital is passing through at present, Trevor's job became increasingly difficult, and I like to think that he and the staff under his jurisdiction helped to enlighten "the masses" as to what was happening, as well as offering a few pointed opinions of their own. These opinions, needless to say, brought Trevor considerable criticism from both within and without the *Gazette* staff, but the courage of his convictions usually carried him through to a precarious balance between dogmatism and acquiescence.

As Editor, Trevor had to walk the swinging tightrope between making the *Gazette* what he thought it should be and bowing to the traditional wishes of "the establishment". As things turned out, the result was a stalemate which would, at no time, have been regarded as amicable; such was his desire to encourage people to sit up and take notice. On certain controversial topics he did succeed in his aims, but only at the penalty of losing allies within "the establishment".

Where will the *Gazette* go from here? There will be those who think that the *Gazette* will go downhill from this point on, and those who think that staggering improvements will occur. One thing is certain, though; the retiring editor's coronary arteries will never recover from the strain, although, perhaps, a few years in "the real world" may renew his faith in human nature.

Nigel Bullock.

HORMONES IN PREGNANCY

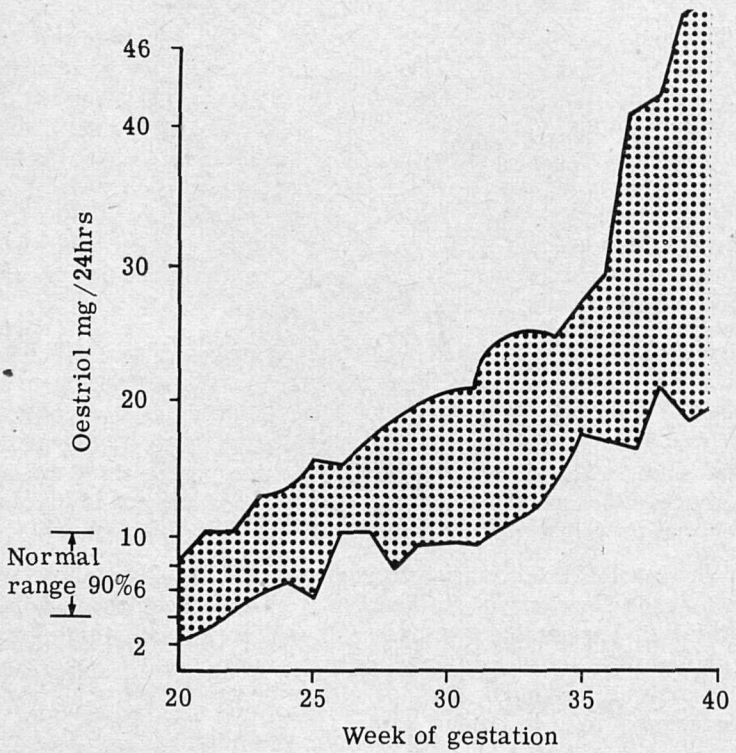
Michael G. N. Bourne, Clive E. Handler and Arshed A. Quyyumi

The following article was written by three clinical medical students. They studied this topic during their Pharmacology B.Sc. Course and hope that these essays may be of some use to people interested in this subject.

OESTROGENS

Throughout pregnancy, there is a progressive increase in the urinary excretion of oestrogens, more than twenty of which have been isolated so far. The most important oestrogens excreted[1] are oestriol (12 to 45 mg/24 hrs at term), oestrone (1 to 2 mg/24 hrs), 17β-oestradiol (0.6 mg/24 hrs) and oestetrol. Oestriol, however, accounts for almost 90% of the total. The shaded area in Figure 1 represents the normal values for 90% of the cases.

Figure 1—URINARY OESTRIOL EXCRETION DURING PREGNANCY

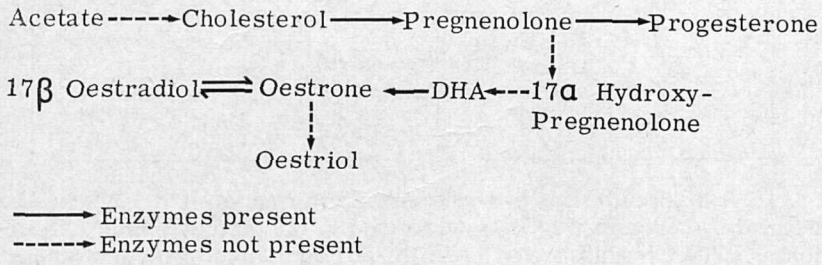


In the first two months of pregnancy, the ovary is responsible for oestrogen production and thereafter the ovarian contribution wanes and the placenta and foetus are responsible for the increase in oestrogens in maternal blood and urine.

Placental contribution in oestrogen biogenesis :

Various experiments have been conducted to establish the placental contribution[2]. The placenta lacks the enzymes required for conversion of acetate to cholesterol, and the enzyme 17α-hydroxylase necessary for conversion of pregnenolone or progesterone to their 17α-hydroxy derivatives. However, cholesterol (C_{27} steroid) is rapidly converted to pregnenolone and progesterone (C_{21} steroids) and C_{19} steroids, e.g. dehydroepiandrosterone (DHA) are readily converted to C_{18} steroids, e.g. oestrone and 17β-oestrodiol but not to oestriol showing the presence of powerful aromatising enzymes but the lack of 16α-hydroxylase which is necessary for oestriol formation (Figure 2).

Figure 2—REACTIONS IN THE PLACENTA



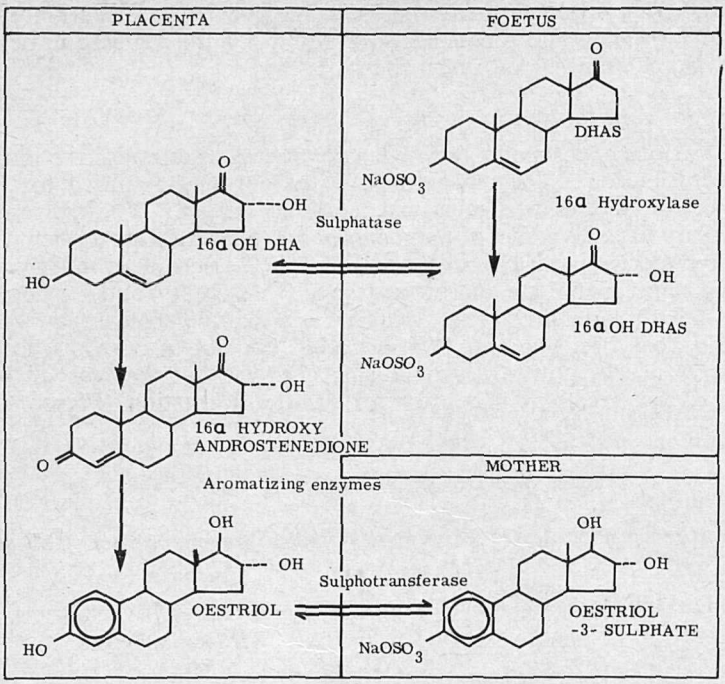
Oestriol synthesis in the foeto-placental unit :

Perfusion experiments have confirmed that the placenta lacks the enzyme 16α-hydroxylase and the main site for 16α-hydroxylation is the foetal liver. Furthermore, foetal precursors have been shown to be quantitatively more important than maternal precursors in oestriol synthesis. Hence one sees that interactions between the foetus, placenta, and to a lesser extent the mother, have to occur before oestriol is formed. However, oestetrol (15α-hydroxy-oestriol), is synthesised predominantly in the foetal liver and secreted to the mother and appears in the maternal urine.

Source of urinary oestriol :

The cord blood contains much more 16α-hydroxy DHAS than DHAS and small quantities of oestrone and 17β-oestradiol. It is therefore believed that a "Neutral Pathway"[3] of oestriol formation (Figure 3) is quantitatively most important. This pathway proposes that DHAS synthesised in the foetal adrenal gland is 16α-hydroxylated in the liver before it reaches the placenta where 16α-hydroxy DHAS is converted to 16α-hydroxy DHA and hence to oestriol.

Figure 3—THE NEUTRAL PATHWAY OF OESTRIOL FORMATION

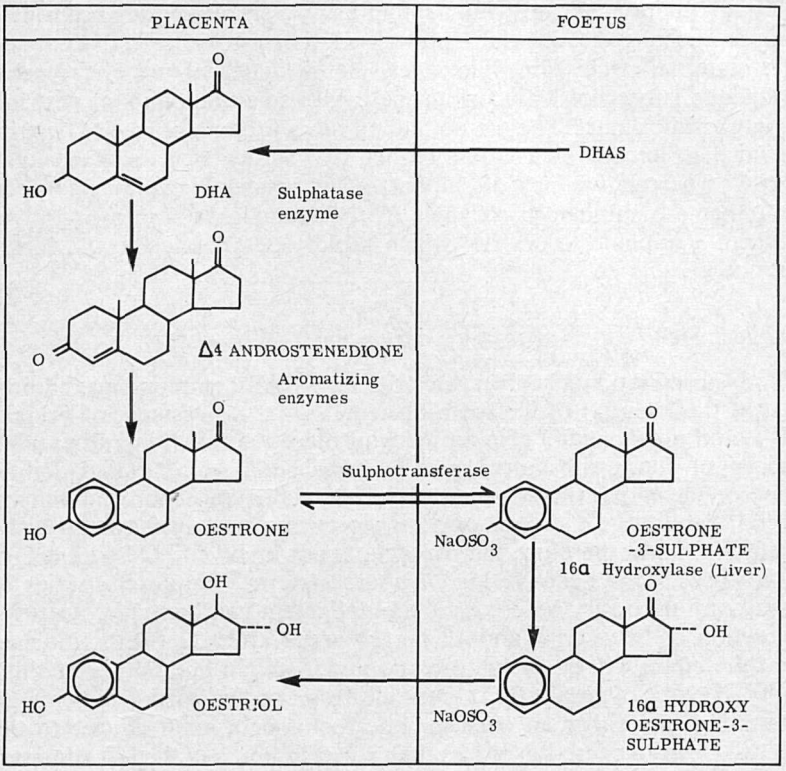


A less important pathway for oestriol formation is the "Phenolic Pathway"[1,3] (Figure 4). Oestrone formed in the placenta, mainly from foetal DHAS is transported back to the foetus or the mother where it is 16∝-hydroxylated in the liver to form 16∝-hydroxy-oestrone-3-sulphate and is finally converted to oestriol in the placenta.

Control of oestriol production :

Radioactive tracer studies have shown that 90% of oestriol excreted is from foetal precursors and 10% is of maternal origin. Other experiments[3,4] have shown that DHAS production by the "foetal" zone of the foetal adrenal cortex is the controlling factor in oestriol synthesis and that ACTH stimulates the conversion of cholesterol to DHAS. Since the plasma cortisol level controls the amount of ACTH secreted by the anterior pituitary gland, it is necessary to investigate the factors affecting the plasma cortisol level. The evidence accumulated so far suggests that the foetal adrenal gland produces cortisol using circulating progesterone as the major precursor. Cortisol is lost from the foetal plasma[4] mainly by transfer across to the maternal plasma with a consequent increased release of ACTH which increases the size and activity of the adrenal gland and increases the rate of conversion of cholesterol to DHAS. Increased production of DHAS in the foetal adrenal gland provides the placenta and foetal liver with an increased supply of this oestrogen precursor, resulting in an increased synthesis of oestriol in pregnancy [Neutral and Phenolic pathways].

Figure 4—THE PHENOLIC PATHWAY OF OESTRIOL FORMATION



Oestrogen Conjugates :

Conjugation of intermediates[1,3] and oestrogens in the foeto-placental unit is also varied. 90% of injected oestriol is converted in the foetus to oestriol-3-sulphate by sulphotransferase enzymes and to small amounts of oestriol-16-glucosiduronate and oestriol-3-sulphate-16 glucosiduronate. The pattern in the placenta is markedly different. Sulphated steroids, e.g. oestriol-3-sulphate or DHAS are converted to neutral steroids, i.e. oestriol and DHA by powerful sulphatase enzymes, but no β-glucuronidase activity is present. The physiological significance of such an enzyme distribution is manifold :

(a) Oestrogens and oestrogen precursors, e.g. DHAS, can circulate in the foetus and mother in high quantities in conjugated form without exerting their biological effects.

(b) Hydrolysis of conjugates in the placenta permits rapid conversion of oestrogen precursors, e.g. DHAS, to oestriol.

(c) Unconjugated steroids pass through the placenta ten times faster than conjugated steroids.

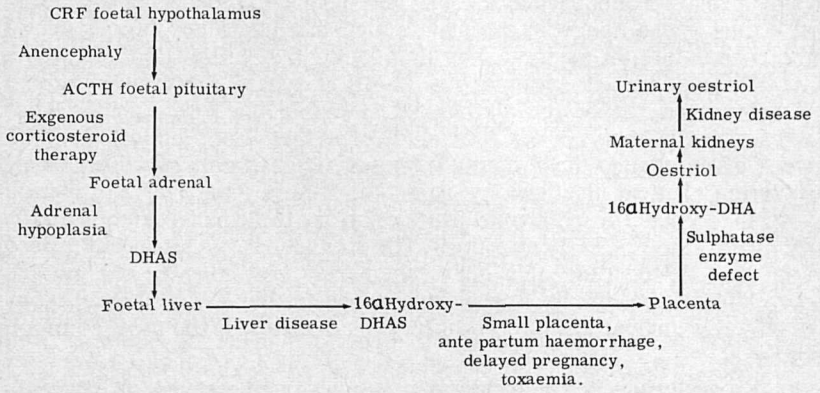
Most of the oestriol synthesised in the foeto-placental unit is secreted to the mother where it is conjugated and circulates in the plasma mainly as oestriol-3-sulphate. Oestriol-16-glucosiduronate passes unchanged from the foetal circulation through the placenta to the maternal circulation. However, in the maternal urine, the main conjugate is oestriol-3-glucosiduronate with small amounts of oestriol-16-glucosiduronate. The amniotic fluid has a preponderance of oestriol (1 mg/l at term) which is predominantly conjugated as a glucosiduronate. The relative lack of sulphatase conjugates is explained by the fact that the sulphatase enzymes in the foetal membranes hydrolyse oestriol-3-sulphate to oestriol which rapidly passes back to the foetus or mother.

Clinical Significance of urinary oestrogens in Pregnancy :

Determination of urinary oestriol levels is a commonplace clinical test of the integrity of the foeto-placental unit. Assessment of urinary HPL and pregnanediol give an index of placental function and parallel assays of these substances give a good index of foetal viability. Measurement of urinary oestetrol would yield useful information on foetal viability as 15α-hydroxylation occurs almost exclusively in the foetal liver and therefore the placenta is not involved. Oestriol excretion varies from 12 to 45 mg/24 hours at term, therefore a series of assays are necessary before a clinical judgment can be made. Oestriol excretion of between 4 and 12 mg/24 hours after 32 weeks, indicate that the infant will be dysmature and under-weight and may have difficulty in onset of respiration. Oestriol excretion between 1 to 4 mg/24 hours indicate either an anencephalic foetus or a great danger to the foetus. Oestriol excretion of less than 1 mg/24 hours in the last trimester denotes a dead foetus. It is important to note that normal delivery can occur if oestriol levels are low and remain at the same level throughout the last trimester. The situation becomes critical when the levels start to fall.

Several conditions[5] give rise to low oestriol levels (summary figure 5). Anencephaly, foetal adrenal hypoplasia and foetal liver disease could account for low levels of oestriol. Congenital lack of sulphatase enzyme in the placenta is another rare cause. A small placenta and toxaemia will result in lower urinary oestriol levels and a transient fall will occur in antepartum haemorrhage and these should be monitored regularly to detect any further fall. In prolonged pregnancy, Klopper[5] suggests that two successive falls in oestriol levels are an indication for induction. In Rhesus incompatibility, urinary changes in oestriol levels occur after the foetus is dead and therefore amniotic fluid levels should be monitored which produce a fall well in advance. In severe diabetes oestriol measurement is not very useful. Low levels, however, can be the result of cortiosteroid therapy, maternal kidney disease impairing clearance, ampicillin treatment and congenital sulphatase defect in which cases the foetus is not in any danger.

Figure 5—THE GENESIS OF URINARY OESTRIOL AND CONDITIONS WHICH MAY CAUSE LOW LEVELS



Although the genesis of oestriol is clearer, the *raison d'être* of high amounts of oestrogens excreted in pregnancy is still obscure and offers a fascinating field for further research.

ARSHED A. QUYYUMI.

References

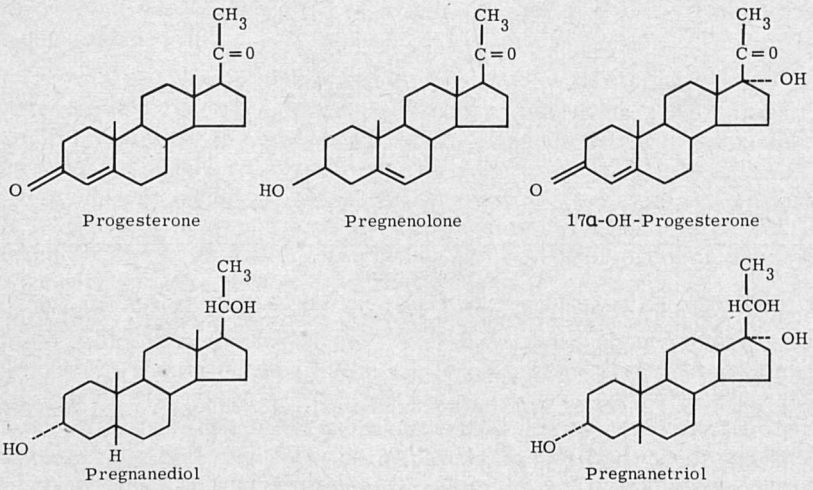
1. Diczfalusy, E., and Klopper, A., (1969), in "Foetus and Placenta" pp. 191—248 and pp. 511—555. Eds.: Diczfalusy, E., and Klopper., A., Blackwell Scientific Publications.
2. Telegdy, G., et al (1970), Acta Endocr., **63**, 91-133.
3. Liggins, G. C., (1970), in "Human Reproductive Physiology", pp. 138—197. Ed: Shearman, R. P., Blackwell Scientific Publications.
4. Oakey, R. E., (1970), Vitam. Horm., **28**, 1—36.
5. Klopper, A., (1968), Obstet. Gynec. Survey, **23**, 819.

PROGESTOGENS

The luteinized granulosa cells of the ovarian corpus luteum produce progesterone in the second half of each menstrual cycle and also during pregnancy. Yoshimi[1] studied the functional importance of the corpus luteum in pregnancy and found that although there was a 100% incidence of spontaneous abortion when the corpus luteum was removed before the sixth week, the incidence of abortion after week six was only 20%. This indicates that from about the sixth week of pregnancy the placenta assumes the chief role of progesterone secretion. Luteal insufficiency[2] is a state of abnormal ovarian function with inadequate progesterone production by the corpus luteum and is often the cause of early abortion. The frequent suspicion of a "missed abortion" at the time of a heavy menstrual flow may be the clinical correlate of abnormally low plasma progesterone levels, the aetiology of which is unclear although pituitary insufficiency is the most common cause.

Progesterone is not produced *de novo* by the mid-term placenta since this lacks the enzyme systems necessary to convert acetate to cholesterol. The mid-term foetus, on the other hand, produces cholesterol from its precursors and this foetal cholesterol may then be converted in the placenta to a variety of steroids especially progesterone, pregnenolone and dehydroepiandrosterone. Foetal death, however, is not necessarily associated with a fall in the content of the progesterone pool, indicating that the placenta can dispense with foetal precursors; the maternal contribution from the adrenal cortex may also be considered insignificant. In this respect placental progesterone synthesis contrasts sharply with that of oestrogen formation in which the combined activities of the foetus and placenta are essential.

Figure 6—STRUCTURE OF SOME PROGESTOGENS



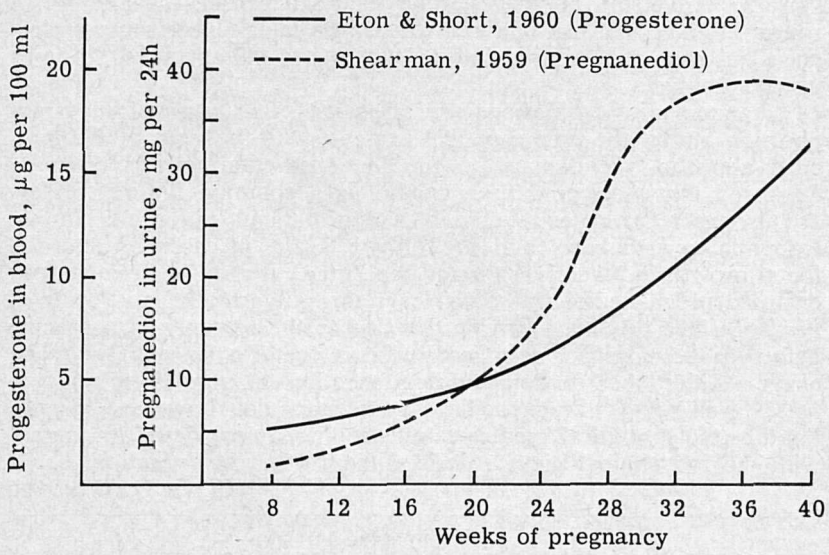
PREGNANEDIOL

Pregnanediol accounts for 5 to 15% of the urinary metabolites[3] of progesterone and has, in the past, been used as an index of placental function. Pregnenolone and pregnanetriol, which is derived from 17∝-hydroxyprogesterone, are the other chief urinary metabolites of progesterone. They were first isolated in crystal form in 1929 and were later found to be excreted mainly as the physiologically inactive glucosiduronate (Figure 6).

PROGESTOGEN SECRETION DURING PREGNANCY

Progesterone output rises during early pregnancy, levelling off a few weeks from term when the production rate is probably in the order of 300 mg/day, of which no more than 25 mg arises from the ovaries. The pregnanediol excretion rate rises slowly during early pregnancy to about 10 mg/24 hours[4] and increases rapidly between 24 and 36 weeks to reach a plateau of about 36 mg per 24 hours and then levels off to a relatively constant value of about 35 mg/24 hours in the last 4 to 6 weeks of pregnancy (Figure 7). The conversion of

Figure 7—EXCRETION OF PREGNANEDIOL IN URINE DURING PREGNANCY COMPARED WITH THE CONCENTRATION OF PROGESTERONE IN THE BLOOD



progesterone to pregnanediol is constant in the first three months of pregnancy but the percentage transformation drops from 20% at week 30 to 10% at week 40[5]. This change in percentage transformation may be due to an alteration in the metabolism of the hormone and not to a limiting influence of the enzyme systems active in its transformation. Progesterone is transported in the blood bound to transcortin and albumin, while less than 5% is in the free form[6].

There is a threefold increase in the concentrations of the plasma proteins during pregnancy and this consequent change in progesterone binding capacity probably reduces the availability of the hormone for degradation. This may explain why, although there is an almost linear increase in plasma progesterone concentration to about 14 mg per 100 ml at term, the pregnanediol excretion rate remains constant in the last month of pregnancy.

CLINICAL SIGNIFICANCE OF PREGNANEDIOL

The urinary excretion of pregnanediol during pregnancy reflects progesterone production in the placenta and as such it can be used as an index of placental function. The test has found less favour in clinical practice than oestriol determinations partly because it provides information on placental rather than foeto-placental function, and partly because the flat slope of urinary levels in late pregnancy gives a less sensitive index of values than urinary oestriol monitoring. In addition, urinary pregnanediol may lag several days behind the concentration of precursors in the body and so although it is useful for week-to-week changes, 24-hour samples are likely to give a composite picture of events that have occurred over the previous two or three days[7]. These assays, therefore, may fail to reflect transient changes in progesterone production. Urinary pregnanediol gives at best only a crude reflection of progesterone production because of the very variable conversion of progesterone to pregnanediol, the alternative routes of excretion, e.g. bile and faeces, the intersubject route preference and even the failure of some patients to submit a full 24-hour urine specimen.

Pregnanediol estimations are often useful in cases of recurrent abortion but by the time a patient presents with the signs of a threatened abortion, the damage to the foeto-placental unit is often so advanced that a lowered pregnanediol is a common finding[8]. They are also not regarded as reliable in cases of patients with pre-eclamptic toxaemia and diabetes and are only relevant in cases of retarded foetal growth in severely infarcted placentae. It may be important to examine pregnanediol in women excreting abnormally low levels of oestriol, since this may provide the clue to the presence of a specific defect of oestrogen metabolism such as foetal anencephaly or an enzyme defect that renders oestriol excretion an unreliable index of foetal well-being. Pregnanediol estimations do, however, have a limited role in clinical medicine but should be considered in context with the full clinical picture derived from other investigations.

CLIVE E. HANDLER

References

1. Yoshimi, T., et al (1969), J. Clin. Endocrinol Metab., **29**, 225.
2. Jones, G. S., (1973), Clin. Obstet. Gynaecol., **16**, 255.
3. Fotherby, K., (1970), Proc. R. Soc. Med., **63**, 1,091.
4. Klopper, A., and Billewicz, W., (1963), J. Obstet. Gynaecol. Br. Commonw., **70**, 1,024.
5. Henssen, S., and Kessel, H. van., (1970), Ned. Tijdschr. Geneeskd., **10**, 453.
6. Yannone, M. E., et al (1963), Steroids, **13**, 773.
7. Short, R. V., and Eton, B., (1959), J. Endocrinol., **18**, 418.
8. Klopper, A., (1970), Am. J. Obstet. Gynecol., **107**, 807.

HUMAN CHORIONIC GONADOTROPHIN (HCG) AND HUMAN PLACENTAL LACTOGEN (HPL)

HCG and HPL (sometimes referred to as Human Chorionic Somato-mammotrophin) are hormones secreted by the syncytiotrophoblast of the placenta. Figure 8 shows the values for these two hormones at term.

Figure 8—HCG AND HPL LEVELS AT TERM

	Maternal serum	Amniotic fluid	Cord serum
HCG IU/l.	9450 ± 930	380 ± 48	27.5 ± 3
HPL mg/l.	6.34 ± 0.39	0.547 ± 0.067	0.0270 ± 0.0031

IU International units. Figures quoted ± Standard error

Both hormones are secreted into the maternal circulation and there is apparently a "placental barrier" preventing their passage to the foetus.

HUMAN CHORIONIC GONADOTROPHIN

HCG is a glycoprotein of M.W. 30,000 which is secreted from the time of implantation of the zygote, reaching a peak between 8 and 12 weeks gestation of around 800,000 IU/l in maternal serum. The secretion rate then falls off rapidly and levels remain almost constant with a small rise at 36 weeks gestation. Although the rate of secretion of HCG is dependent on functional placental mass, the reason for the sharp peak in early pregnancy is not known. The rate of HCG excretion in the urine is dependent on the maternal serum concentration and only 5 to 10% is excreted in an active form.

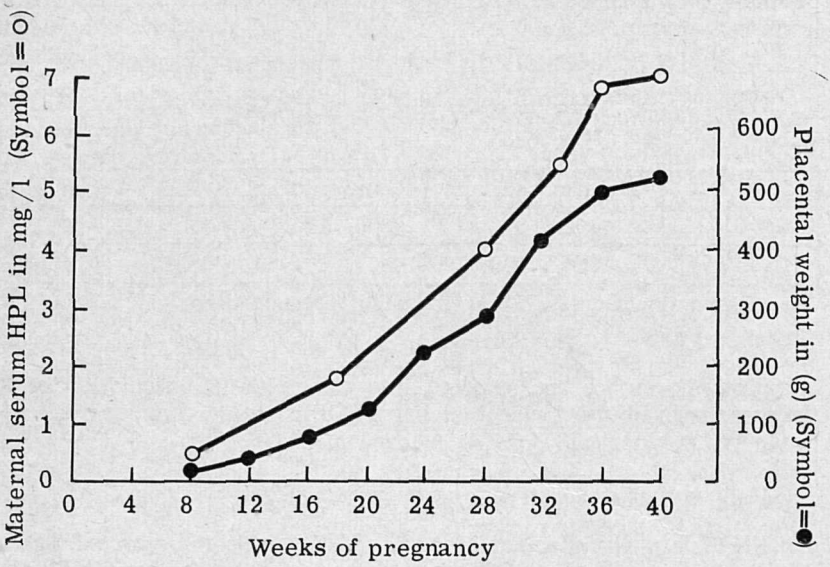
Experimental evidence suggests that HCG prolongs the functional life of the corpus luteum which secretes the progesterone essential for the maintenance of early pregnancy. HCG also increases the rate of steroidogenesis in the placenta and it is postulated that it may play a part in the development of the "foetal zone" of the foetal adrenal which provides the bulk of the precursors for oestrogen biosynthesis.

HUMAN PLACENTAL LACTOGEN

HPL is a polypeptide, and is detectable in the maternal serum from about 8 weeks gestation onwards. Figure 9 shows the steady rise of maternal serum HPL with time and also its close correlation with placental weight; in cases of multiple pregnancy HPL levels are raised because placental weight is higher than normal. HPL is metabolized rapidly, its half-life in the serum is around 20 minutes. The renal clearance of HPL is 17 mls/24 hrs; this low figure is probably explained by metabolism of the hormone by the kidney tubules. It

is estimated that in the last trimester 3 to 5 g are secreted by the placenta daily.

Figure 9—MATERNAL SERUM HPL AND PLACENTAL WEIGHT DURING NORMAL PREGNANCY



As its name implies, HPL has lactogenic properties, but it has also been referred to as "the growth hormone of the latter half of pregnancy"[1]. When injected into hypopituitary children it causes nitrogen and potassium retention and a rise in serum calcium and free fatty acids. The above effects are seen in pregnant women and HPL is also believed to bring about an increase in the percentage of fat metabolized by the mother and maintain a high maternal blood glucose which ensures a steady supply of carbohydrate to the foetus.

CLINICAL SIGNIFICANCE OF HCG AND HPL

The detection of HCG in the urine has been the basis of pregnancy testing since its discovery in 1927 by Aschheim and Zondek. In the Aschheim-Zondek test pregnancy urine is injected into immature female mice and after 3 days the ovaries are examined. The presence of "bleeding points" (corpora haemorrhagica) which show that ovulation has taken place is a positive result. Nowadays the biological tests have been replaced by immunological detection of HCG in urine based on the work of Leif Wide in 1962. HCG shows immunological cross-reactivity with the pituitary gonadotrophin Luteotrophic Hormone (LH). In recent years by using an antibody absolutely specific for HCG, it has been possible to detect pregnancy several days before the next expected menstrual period.

The serum levels of HCG and HPL are altered in women suffering from a variety of diseases known to have an adverse effect on the foetus. Much work has been done in recent years in an attempt to correlate these alterations in hormone levels with the state of health of the foetus[2]. As the normal variation in the levels of these two hormones is high it is difficult to decide what is abnormal; for most purposes a level more than two standard deviations from the normal mean would be regarded as abnormal.

In placental insufficiency and in any condition causing damage to the placenta, such as placental infarction, HCG and HPL levels will be low. In cases of threatened abortion women who do finally abort, as a group, have significantly lower HCG and HPL levels than those women whose pregnancies continue to term. However, there is so much overlap between the two groups of women that it is impossible to set a minimum HCG or HPL level compatible with normal pregnancy that is of any practical value. However, if serial determinations are made, a low and falling value of either hormone certainly means that the foetus is at risk.

In toxaemia of pregnancy there is a rise in the maternal serum level of HCG which precedes a fall in the level of HPL. It is claimed that consideration of the levels of these two hormones in conjunction with the patient's blood pressure, proteinuria, and length of gestation can help the clinician to predict fairly accurately the outcome of the pregnancy[2].

In Rhesus iso-immunization the levels of HCG and HPL in both maternal serum and amniotic fluid rise markedly, a steep secondary rise always precedes intra-uterine foetal death. There is a close correlation between the amount of antibodies to which the foetus is being exposed and the level of HCG in the amniotic fluid. The amniotic fluid level of HCG does therefore indicate the severity of the condition.

HPL is probably the most clinically useful of the two hormones in determining placental function. It is easier and quicker to assay accurately, and as it has a very short half-life the circulating HPL levels reflect the very recent status of the placenta.

MICHAEL G. BOURNE.

References

1. Grumbach, M. M., et al (1968), Ann. N.Y. Acad. Sci., **148**, 501—531.
2. Crosignani, P. G., and Pardi, G. (Eds.) in "Foetal evaluation during pregnancy and labour. Experimental and clinical aspects". Proc. of Symposia in Milan, 1970. Academic Press, New York and London, 1971.

NURSING

The Halsbury Report

After many anxious weeks of waiting by the nurses, Lord Halsbury eventually announced the decision of his committee on 17th September, and despite the fact that access to a copy of the report was extremely difficult, it did seem that the most important issues which were at stake had been appreciated.

At last, the worth of those who undertake clinical work has been recognised, and some incentive offered to remain in that field of work, a matter which should have been dealt with some considerable time ago.

Most nurses were extremely pleased, not to mention surprised, at the salary increases. Few had anticipated that such a large amount would be proffered. Even the redoubtable union leaders seemed a little lost for words!

There have, of course, been dissenting voices raised above the general murmurs of approval, and one can only ponder on what it was quite that these people had expected. It appears that some senior members of the profession, particularly amongst tutors, are jealous that they are not going to receive as much remuneration as those in area and regional management posts. This shows great lack of comprehension. The people who are appointed to these posts require the "carrot" of extra money in order to persuade them to undertake what must be a soul destroying occupation, not to mention the fact that it is one from which they may very well find themselves evicted, should the health service be again reorganised, or the jobs not prove viable. Furthermore, if these people are so jealous, why do they not go and join these well paid pawns of the government?

The country is in a very grave economic state, and for one group of workers to receive what amounts in some cases to a 50 per cent pay increase should cause gratification that at last somebody appreciates that nurses are worthy of their hire, and are not unintelligent, inarticulate semi-trained workers, and also that the situation is thought important enough to exceed the normal limitations imposed on salary increases.

It is, of course, possible that some members of the profession anticipated an immediate elevation to the status of university lecturers. They have to remember, though, that there is a considerable difference in academic requirements between the two qualifications.

Despite all this, however, the majority of nurses appear pleased with the increases, even if the deductions for tax purposes reduce it to infinitesimal amounts!

CORRESPONDENCE

Speaking up for the Ancillaries

SIR,—The open letter written by Robin Stott in the *Gazette* of 31st August concerning an alternative approach to an ancillary workers' dispute is most interesting and yields considerable food for thought.

But it is extremely difficult for one group to speak or act effectively on behalf of another group, as anyone with experience in these matters will know. In working out a wage structure, who is to determine, and how, what one group of workers should receive relative to another? To talk about a living wage is in some ways like talking about the length of a piece of string—or elastic—especially in our rather rapidly changing society.

On the dental ancillary side, the Whitley Scale for a surgery assistant at age 22 with six years' experience is £801 p.a. gross. The standard and volume of a dental surgeon's treatment is enhanced by a high standard of chairside assistance. Who would say that such remuneration is realistic to encourage and reward a high class structure of ancillary workers without whom the work of dental surgeons would almost come to a halt?

In my opinion the scale of pay for dental surgery assistants is an insult to the dental profession. Whilst it cannot be "militant", is the profession aggressively outspoken enough, for its own advancement, on behalf of its ancillaries?

Yours faithfully,

Surgeon Rear-Admiral W. I. N. FORREST,, R.N., C.B.

16 Queen's Road,
Waterlooville, Hants.

SIR,—I wonder if you could find room to publicise that I have copies of "A Matron of Guy's, Emily E. P. MacManus, C.B.E." and "Guy's Hospital, 1725—1948" which I should be pleased to give to any member of staff, past or present, who would be interested.

Of course if any offer to pay postage was made I should not refuse, but it is not obligatory.

They belonged to my late wife (née Miss E. G. Arnold) who was a radiographer in the Dental Dept.

Yours faithfully,

"Wistow",
4 Wadham Road,
Liskeard, PL14 3BD.

H. ALBERT PHILIPS.

SIR,—I have a 21st edition (1920) of Gray's Anatomy in very good condition which I believe is now a "museum" piece.

There may be someone, perhaps the R.C.S. library, who would like to have it, and you may like to advertise it in the *Gazette*. I would welcome your comments.

Yours faithfully,

F. C. DUTTON.
(Retired dental practitioner).

7 Capel Gardens,
Pinner, Middlesex, HA5 5RE.

Biennial Dinner

SIR,—It has been understood over the years that speeches should be curtailed to allow time for mingling after the Dinner, particularly with the long-distance travellers who inevitably have to leave at a comparatively early hour.

The speeches this year must hold the record for their length, and wide-spread discontent was expressed by all generations.

Mr. Glover's tribute to all concerned in organising the event is essential but would not the pages of the *Gazette* be a more suitable medium and offer a more lasting tribute?

The Biennial Dinner is a splendid occasion for renewing old friendships, not for engendering discontent.

Yours faithfully,

H. M. BAIRD, Glenluce.
E. C. LEWIS, Redhill.
I. B. THOMAS, Cheltenham.

BOOK REVIEWS

"Multiple Choice Questions in Dermatology". S. K. Goolamali, M.B., B.S., M.R.C.P. Pp. 91. Price £1. Published by Churchill Livingstone.

Examination by multiple choice is now well established as a quick and fair method of determining the candidate's level of knowledge. It is not therefore surprising that books of multiple choice questions are popular with the student as a means of revision and perhaps more importantly as material to perfect the examination technique.

This book falls short of the ideal on both counts. Ten papers are presented, each with twenty questions. The questions are further sub-divided into approximately six parts, each requiring a false or positive answer. 85 per cent of the questions require a positive answer, there being a sad lack of close but incorrect alternatives which would have made the book far more instructive. That the content of the questions should be suitable for final year medical students, and even candidates for membership, fills the reviewer with awe for the graduates of Dr. Goolamalis's Medical School, not to mention the mark he must of obtained when acquiring the M.R.C.P. I suggest that compiling questions of this type provides a simple but tedious way of getting into print, the result of which is of no use to the medical student.

M.J.G.

"The Management of Common Skin Diseases". C. P. A. Dupont, L.R.C.P.I., L.R.C.S.I., D.P.H. Pp. 86. Price £1.25. Published by Henry Kimpton.

This little book fills a most needed gap on the general practitioners' and students' shelves. Most graduates consider that there are two types of skin disease—those which are curable by steroids and those that are not! Cynical though this may be there are few who would deny that it is too far from the truth. Dr. Dupont assumes that the correct diagnosis has been made at the beginning of each chapter (not unreasonably) and then discusses several methods of treatment, sometimes not even mentioning words like Synalar or Betnovate! Where prophylactic measures are appropriate these are discussed first, followed by general measures and then by topical, oral, and physical agents. The book can be read in an evening and is a mine of information which can be thoroughly recommended.

M.J.G.

"Obstetrics" by E. Stewart Taylor. Pp. 310. Illustrated. The Williams & Wilkins Company, Baltimore, U.S.A.

This is a soft-backed American book of 310 pages, published in 1972, and aimed at undergraduates. It is set out in a most attractive and easily readable form; the diagrams are plentiful, well-planned, informative and, with few exceptions, easy to understand. With these initial advantages it is difficult to imagine how the book can fail. It does—almost totally.

The opening chapters on the menstrual cycle, fertilisation and implantation, progress of pregnancy, placenta, foetal and maternal physiology, are all well-documented and interesting even if they go into rather too much detail in places for a book aimed at students. The chapter on pregnancy marks the beginning of the rapid downhill slide. Calipers are recommended for pelvimetry, clinical pelvimetry is suggested as early as the seventh month and the nauseating American habit of using five exotic words where two basic English ones will do becomes more and more irritating. (For example, ". . . calls for a study of the midplane by roentgenography" means "take a lateral pelvic X-ray".) A very brief improvement during the account of the mechanism of normal labour is followed by the management of labour which declines artificial rupture of membranes, forbids listening to the foetal heart after a contraction has passed because it may be slow, accepts a foetal heart rate of 100, advocates enemas to all, prefers rectal to vaginal examination, forbids anaesthetic block until the cervix is 5 cms. dilated (thereby removing most of the indications for such a block) and allows a second stage of 2½ hours. Any student presenting such an answer on the management of labour would undoubtedly fail in this country. The puerperium and its complications contain no account of urinary, chest or breast infections and lactation is still suppressed with oestrogens. Moving on to abnormal labour, the account of which mechanism is good, the author is apparently terrified of Kielland's forceps. An adequate condemnation of the barbaric and dangerous account of breech management is impossible in a short review. From here on, the account of the complications during pregnancy of multiple foetuses and their delivery is inadequate factually as are the causes of abortion, hyperemesis, the entire accounts of pre-eclampsia, eclampsia and pre-diabetes, the management of the diabetic state and the management of actual or suspected cephalo-pelvic disproportion. The chapter on antepartum haemorrhage is bitty and lacks an adequate account of the dangers, complications and their management. Postpartum haemorrhage and intercurrent diseases are well documented but there are no indications or contraindications given for the induction of labour, external cephalic version or the reasons for their failure and the chapter on resuscitation of the newborn fails completely. Chapters on episiotomy, analgesia deaths and control of conception are adequate.

In summary the basically factual accounts of normal obstetric physiology are good but those parts of the book dealing with normal management, abnormal conditions, their aetiology and management, which are the bread and butter of obstetrics, are in general ideal for the student who wishes to enter his finals and sink without trace.

M. A. Stafford-Bell.

"Modern Microscopy". C. F. A. Culling. 148 pp., illustrated. £1.50. Butterworths, London.

"Microscopy without tears" might be an alternative title to this slim volume designed to introduce the subject with as little recourse to physics and mathematics as commensurate with the day-to-day activities of the average microscope user. Such a comment wll be taken as a note of condemnation by some, but no doubt a wide readership exists for a text of this type, and it will serve a valuable purpose if it helps the beginner to understand something of the design, construction and operation of microscopes. The first chapter is perhaps the most valuable since it introduces the basic vocabulary, dealing rapidly with refraction, correction of lenses, numerical aperture,

Kohler and critical ilumination and other fundamental aspects of the subject. Other chapters cover the various specialised types of microscope, including dark ground, fluorescence, polarising phase contrast and interference microscopes. The final chapter deals cursorily with the electron microscope—perhaps a tactical error since the subject is so large that little of real use can be said about it in 13 small pages, in any case the methods of preparation are somewhat outdated.

The book is, however, easy to read, is generally informative, and readily digestible; as an elementary text it is good value and will appeal to many in need of such an introduction.

L. H. Bannister.

"Controversy in Internal Medicine II. Edited by Ingelfinger, Ebert, Finland and Relman, 1974. Pp. 828. £7.90. W. B. Saunders, Philadelphia.

According to one reviewer, the first volume of "Controversy in Internal Medicine" should have carried a notice to every examination candidate to warn him off. "If he were not confused before reading it, he would have a written guarantee for confusion before he finished it".

Perhaps for the very reasons that made the earlier reviewer dislike "Controversy I", I thoroughly enjoyed its successor. As a guide to answering multiple choice questions it hardly rates at all. Nor will it help the practical management of a comatose patient in the middle of the night. But if we aim to develop our critical faculties and to learn the limitations of medical dogma, it is very good indeed.

The editors have a sense of humour. They admit the influence of "the north-east Meccas of American medicine". (As one of the principal authors also edits the New England Journal of Medicine they can hardly do otherwise.) However, editorial expansion has now gone as far south as Philadelphia and as far west as Minneapolis, and some of the contributors come from as far afield as England, Canada and Sweden. Any accusation of parochialism would therefore be unfair.

A large number of current controversies are dealt with in a series of excellent reviews, often with a mischievous arrangement of contradictory articles so that they follow one another. Are coronary bypass grafts the answer to angina pectoris? Do we strive too hard to keep the dying patient alive? How aggressive should we be in the use of heparin? or of artificial ventilation? or of central venous pressure monitoring? How important is diet in the prevention of atherosclerosis? What are the advantages and the dangers of oral anti-diabetic agents? What is the role of halothane as a cause of hepatitis? All these articles remind us that there is no finality about medical practice, and that new evidence may come to challenge even our most cherished beliefs. We could do with a few more books like this.

M.H.L.

NOTICE

This year's Snowflake Ball promises to be even bigger and better than last year.

Topping the Bill are Mungo Jerry, ably supported by Bronx, The Ray Gould Dance Band, Cherry Pickers Steel Band and a folk act There will be the usual lavish spread for the meal accompanied this year by coffee-time cabaret. Added to all this, the transformation of the E. Wing plus 'Soho", three bars, and our own disco and it's an occasion not to miss!

Date: Thursday, 5th December. Time: 8 p.m. Place: Guy's Hospital, East Wing. Price: £6.75 double ticket (buy yours early—there is always a rush!).

SPORT

Sports Commentary

When writing this article the first thing that always comes to mind is "What was written in the last Commentary?" This time it is of special importance as there were several errors in the last edition which many people doubtlessly spotted. Concerning the figures of the Squash, Tennis, Hockey, Sailing and Snooker Clubs, it was stated that they had made no contributions to the *Gazette*. This is incorrect; the Squash and Tennis Clubs submitted six articles each; the Hockey Club submitted five articles; the Sailing Club submitted two articles; and the Snooker Club submitted one article. At the end of the second paragraph. it was claimed that ". . . the Squash Club shines best with six articles . . ."; this should read: ". . . the Squash Club shines least with six articles . . .".

Away from errors, the winter sports' season is off with a flourish of activity. Sadly the Rugby 1st XV is taking time to settle down and have had a string of defeats. The return of their captain, John Harker, following a savage injury in the six-a-side football competition in June, is imminent, and this should help them start playing better rugby, of which they are capable. The Soccer Club started their season well with wins against Catford Strollers and Norwich Union, but fell down against Old Malvernians. They have scored nine goals in their first three games, which seems a good omen for the season. The annual Sunday Hockey game between the Freshers and the Spirochaetes ended in a wet 1—1 draw, Bob Hannaford scoring for the Spirochaetes with a fine goal and Clive "I've been here for three years" Handler scoring for the Freshers from the penalty spot. The Squash Club has found itself amongst less strong opposition in the Third Division of the Cumberland Cup due to the withdrawal of several clubs in higher divisions from the competition. The team started with an erratic 3—2 loss against Lensbury in the absence of the second string, Kevin Clemens, but made up for it a week later beating the Metropolitan Police 4—1.

Finally, an appeal to those Freshers who came forward at the Freshers' tea to the various club secretaries, and have heard nothing since about the clubs that they were interested in; if you don't know who to get in touch with, contact the *Gazette* staff either via the *Gazette* office, or the *Gazette* pigeon hole (in the East Wing). Rather more important, if you haven't found time or just can't be bothered (?!), please get in touch by any of these ways or directly to the club secretaries, especially if you have played in a school team or at a sports club.

COMING SOON:

Rugby—1st XV

2nd November—Ipswich

9th November—Streatham-Croydon

Football—1st and 2nd XI

30th October—U.C. Hospital

9th November—Royal Dental Hospital (1st XI)

26th October—London Hospital

6th November—Middlesex Hospital

9th November—London Hospital (2nd XI)

Hockey

1st XI

2nd November—Old Bordenians

9th November—Wimbledon

13th November—City University

16th November—Midland Bank

2nd XI and 3rd XI

2nd November—London Hospital (3rd XI only)

9th November—Wimbledon

—

16th November—Gravesend

Squash

25th - 27th October—Tour to Sussex
Matches against Hove (25th)
Matches against Middleton (26th)
Matches against Chichester (27th)
29th October—North Kent (Cumberland Cup)
5th November—Hurlingham (Cumberland Cup)

RUGBY

Guy's R.F.C. vs. Bromley R.F.C.

At H.O.P., 14th September. Lost 12—18

Guy's had a disappointing start to the season, losing to a Bromley side that could easily have been beaten.

Bromley opened the scoring with a penalty goal but after that were strongly pressed by Guy's, who won most of the second phase possession until Campbell finally went over for an unconverted try.

Guy's were holding their own in the set-pieces against a heavier pack but unfortunately they could not gain any line-out possession. However, Campbell scored another unconverted try before half-time.

Immediately after the interval, Guy's scored again when Hughes came into the line, sending Stanley over for an excellent try, which was also unconverted. After this Guy's decided to rest on their laurels and soon enough Bromley scored a goal from a short penalty.

Even now Guy's could not make any effort to come back and Bromley again scored a goal, the ball bouncing off the cross-bar from a penalty kick into the hands of an opposing forward who was following up.

This was the last straw and now the Guy's pack started to be pushed off their own ball in the tight scrums. Starved of possession, the three-quarters could only defend but before the close of the match, Bromley scored another penalty goal.

In order to avoid further embarrassing defeats this season, Guy's must learn to maintain the pressure once they have scored, and not to sit back contented with what they have done.

J.S.F.F.

Guy's vs. Blackheath

At H.O.P., 21st September. Lost 3—39

The margin between the scores suggests that Guy's were completely eclipsed but there were bright moments and the hospital performance was undoubtedly better than in the preceding games. Last minute changes in the side because of injury and the non-appearance of a player because of a car accident induced an unsettled mood. The full complement was made up when Cording was recalled from amongst the spectators to play out of position as a prop forward.

The pattern of the game was consistent throughout. Blackheath had the power to win a major portion of the possession and were obviously superior in line-outs and rucks. The Guy's tackling was determined and for long stretches this was all they had to offer. Inevitably, even the staunchest defence could not have held for ever and Blackheath ran in a succession of tries which gave them a 20-point lead by half-time.

In the second half it appeared that Guy's could make up the deficit but it was a brief impression. Encouragingly, the hospital persevered and were never dispirited. Hughes gave an outstanding display of fierce tackling and his penalty goal produced Guy's only score. Twomey, playing his first game for

the first fifteen as full back, had a taxing time but never flinched under severe pressure.

The final result was a disappointment but the spirit with which Guy's played for most of the game was heartening and once the team has stabilised and marshalled its best talents there is no reason why it should not enjoy a relatively successful season.

Team—J. Twomey, T. Stanley, A. Portelly, R. Moore, C. McLauchlan, S. West, M. Portelly, K. Rigg, J. Brazier, L. Hughes, B. Hagan, J. Stoneham (capt.), R. Cording, T. Gibson, N. Allen.

T.G.

Guy's Hospital vs. Askeans R.F.C.

Saturday, 28th September. Weather: sunny; cold blustery wind.

Captain of the day W. Hughes put Guy's in front after four minutes with a wind-assisted penalty from 50 yards. It came as a result of a crooked feed by the Askeans' S. Dunmore at a scrum following an untidy line-out.

Twenty minutes later the Askeans replied with a try. They gained possession at a line-out 10 yards from the Guy's line on the Askean right. Outside half K. Murphy's grubber kick was fielded by the Guy's full back, J. Twomey, who was immediately tackled. Swift possession from the ensuing ruck enabled centre N. Lockyer to slip past his opposite number and score half way out on the left.

From the restart the Guy's line came under pressure following a lazy attempt at clearing Murphy's inaccurate punt into space outside the Guy's 25-yard line. Touch was eventually found on the right less than ten yards from the try-line. A maul followed the line-out; the Askean forwards interpassed, then drove the ball into the in-goal area and gained a 5-yard scrum. S. Dunmore broke flat to his right, then sidestepped to his left on straightening and succeeded in grounding the ball despite being held by three defenders as he crossed the try line, 20 yards from touch. Murphy goaled the try.

Score at half-time: 3—10.

Murphy missed with three penalty attempts in the first ten minutes. Guy's reshuffled their three-quarter line after Campbell had aggravated an old shoulder injury. A. Portelly moved into the centre and Campbell played on the left wing. Murphy found his target in the 23rd minute with a 40-yard penalty. He missed from a similar distance five minutes later before extending the Askean lead with a simple penalty from 25 yards after the game's only unsightly incident had occurred in the 31st minute. Ken Rigg struck an opponent at a ruck half way out on the Askean right only 10 yards from the Guy's try line. In fairness, his frustration was understandable in view of the persistent handling of the ball on the ground by the visiting forwards. Certainly it was more effective in deterring this insidious form of cheating than the innumerable penalties awarded by Mr. Hosking, but should have been done in his opponents' half.

Within three minutes full back P. Bushell put the Askeans further ahead with a well executed try. The movement began from a maul following a line-out on the Askean left some twenty yards from the Guy's line. The ball was moved swiftly to Bushell who appeared to cruise between the Askean centres, burst into space and gracefully swerved outside Twomey to score about 15 yards from the right touchline. It was a try from the moment he'd caught the ball.

Bushell had a major part in the final try scored two minutes later. The Askeans won a ruck on their left just inside their own half. Murphy kicked ahead and wing Tom Stanley was caught in possession 20 yards out. Guy's won the resulting maul, but W. Hughes' clearance failed to find touch. Bushell fielded it near the left touchline 30 yards from the Guy's line, surged thirty yards towards the posts, committed the defence and his neatly timed inside pass allowed flanker Ruddick to stroll around to score under the posts. Murphy landed the conversion.

Final score. 3 (Hughes (pen.)—26 (Lockyer, Dunmore, Bushell and Ruddick (tries); Murphy (2 pens., 2 cons.).

Scrums awarded: 14—20. Penalties awarded: 14—13. Goal attempts: 3—7.

Tony Portelly showed pace and imagination, and most of the team looked more suited to an open 15-man handling game than to the tight.

Despite the continual criticisms from the touchline, my own impression was that Steve West only kicked delayed possession. I was also pleased with Rick Moore's first game as a scrum half.

Ref.: C. A. Hosking, London Soc.

Team: Guy's—J. Twomey; T. Stanley, C. Jackson, A. Campbell, A. Portelly; S. West, R. Moore; R. Cording, T. Gibson, M. Portelly; K. Rigg, B. Keevil; L. Hughes (capt.), B. Hagan, P. Loxton.

John Arwyn Jones.

Guy's vs. United Services Portsmouth

At H.O.P. 5th October. Lost 6—49

A crushing defeat by 5 goals, 4 tries and a penalty to 2 penalty goals, was a reflection of Guy's lack of faith in their own judgment. Hesitancy and inept tackling gave Guy's opponents the initiative which they used with devastating effect. In many cases, the players who had defended so impressively in the Hospitals' Cup games a year ago, were now responsible for the distressing failure to stop the services side.

An attitude of apathy was obvious for much of the game and only in the last ten minutes did Guy's show any unity of purpose. The forwards shared responsibility for the defeat, failing to win possession where they should or could. Their technique of rucking was counter-productive and they spent too much time wrestling with stronger opponents. Set scrummages were also a failure, seeming unsettled and rarely able to provide a tight firm base, so essential to clean possession.

Hughes scored Guy's only points with two penalty kicks. Future results are not likely to improve until the side regains its old faith.

Team—M. Broughton, T. Stanley, A. Portelly, A. Campbell, J. Arwyn, R. Moore, M. Phillips, C. Howell, T. Gibson, H. Burry, S. Challacombe, J. Fitzgerald-Frazer, L. Hughes (capt.), P. Loxton, J. Brazier.

John Arwyn Jones.

HOCKEY

I.P.M. (Imperial Paper Mills) vs. Guy's 1st XI

Score: I.P.M.—1 Guy's—4

For this, the first game of the season, Guy's were drawn against the heavyweight side of the local paper mashers. As one could imagine, this was a slightly physical game with Jeremy Horton in particular showing timidity and utmost terror of his opposite number.

The undulating beauty of the pitch was breathtaking, especially as only the heads of players were visible at times. But all this was overcome by the fine attacking hockey played by the Guy's side and from the outset the midfield "Troutbeck trio" truly trounced I.P.M. with fine penetrating passes.

It wasn't long before Horton latched on to the ball just outside the circle and his obliquely angle shot missed all the obstacles and hit the back of the net. A second soon followed. Handler, enjoying his new role at centre forward, gathered the ball, successfully beat two defenders, and his powerful drive had the keeper well beaten. A great goal indeed!

The second half followed in much the same vein with Guy's playing all the constructive hockey. An infringement on the goal line produced the third goal. Clive Handler, penalty taker personified, strode up to the spot, positioned himself and flicked the ball goalwards. A snail racing for cover just beat the ball across the line.

Two more goals were to follow. First, an exceptionally powerful shot from Bob Hannaford following a free hit and the second a consolation goal to I.P.M. following slack defensive work as the game neared the end.

The Team—S. Martin, J. Clark, G. Sparrow, M. Harris, M. Selley, C. Hendy, J. Horton, I. Phoenix, C. Handler, S. Flint, R. Hannaford.

M. W. Harris and C. W. Hendy.

Guy's 1st XI vs. Royal Arsenal

Played at H.O.P. on 12th October, 1974. Drew 1—1

Having successfully gained promotion to the 3rd division of the Kent Truman League, Guy's looked forward to the season with continued vigour.

This being the first league match of the season, we were anxious to discover the standard of hockey required for further success.

The game took a while to come to life, this being due to lack of inspiration and fitness of a rather somnambulistic Guy's side. Several penalty corners were conceded in the ensuing minutes as Guy's struggled to find their form. Fortunately Royal Arsenal were unable to take advantage and the Hospital began to take the initiative. Promising attacks were launched down both flanks only to peter out at the twenty-five yard line. A more penetrating attack produced a long corner. This was smartly struck out by Bob Forber to Steve Flint who controlled it well, jinxed his way past the incoming defence and struck the ball firmly into the right hand corner.

Royal Arsenal came back strongly and were awarded a penalty stroke as one of their forwards was bundled off the ball. The flick was powerful, but directed straight at the keeper who saved it with ease.

In the second half Guy's maintained their lead but failed to capitalise on further chances. A second penalty stroke was awarded after a goalmouth melee and this time Royal Arsenal called up their goalkeeper to take it. His shot was low to the left hand corner but the new Guy's keeper, John Pascoe, responded brilliantly with a splendid diving save.

Guy's produced further pressure but a lapse in concentration by the defence enabled an opposing forward to slither through in the dying seconds, and he took the opportunity well, thus robbing Guy's of two points.

Our thanks go to Dr. C. J. Hunter-Craig for umpiring this game single-handed.

This game could and should have been easily won, but for the generally ataxic performance of the side. The only remedy is for all members of the 1st and 2nd XIs to attend the scheduled training sessions on Mondays at 5.00 p.m. in the Pavy Gym.

M. W. Harris and C. W. Hendy.

Team—J. Pascoe, R. Hannaford, J. Clark, M. Harris, M. Selley, C. Hendy, J. Horton, S. Flint, C. Handler, P. Fisher, R. Forber.

Summary of Results

Guy's 'A' X1	1	A King's XI (H)	2
Guy's 1st XI	4	I.P.M. (A)	1
Guy's 1st XI	1	Old Southendians (A)	6
Guy's 1st XI	0	U.C.H. (A)	1
Guy's 1st XI	1	Royal Arsenal (H)	1

United Hospitals Bumping Races—5th, 6th, 7th May

Result. Head of the River

1st VIII

Only two changes in the crew were necessary from that which had broken the record for the Oxford to London row the previous Sunday, though the other six were far from 100 per cent fit. Indeed, only one practice session on the day of the race was undertaken because of injuries. On the first night, whilst our start left a little to be desired, we settled down into a smooth and powerful stride which increased our lead on the second boat—St. Thomas's. We finished some six to eight lengths clear. This row-over demoralised "Tommies" as they had realised that we would be at our weakest on the first night. On the second night our challengers all but blew up about three minutes after the start, leaving us a margin of some 15 lengths clear water at the finish, whilst on the last night they challenged for longer and finished again some six lengths behind. This result meant that the Bumps Trophy was ours for the third successive year.

Crew—Bow, P. Rosie. 2, S. Durham. 3, M. J. Gleeson. 4, D. Wright. 5, R. Pinckney. 6, J. Burgess. 7, C. P. Stuart-Bennett. Stroke, C. A. Chivers. Cox, F. Moorhouse.

University of London Summer Regatta—11th May

JUNIOR COXED FOURS. Result—winners.

A first round clash against the London resulted in a win by two lengths which was followed by a resounding four-length victory against Queen Mary College in the final.

Crew—Bow, G. Mason. 2, S. Durham. 3, P. Rosie. Stroke, P. Boulton. Cox, S. Jefferies.

ELITE COXLESS IVs. Result—winners.

Our four indulged in their annual session of "Purple-bashing"!—eight university oarsmen being beaten in the first two races. In the heat, University College were beaten by two lengths, giving us the privilege of meeting Imperial College I which contained the stroke and bowman of the Great Britain Coxless IV at Moscow last year, along with a House International and Cambridge Blue, and a member of the University 2nd VIII. This was quite a close race, there being half a length between the crews for the first 800 metres. We then put in a spurt and took a further half length which we maintained to the finish. In the final we met Imperial College II who we beat comprehensively.

Crew—Bow, D. D. I. Wright. 2, M. J. Gleeson. 3, R. G. D. Pinckney. Stroke, C. A. Chivers.

ELITE COXLESS PAIRS. Result—winners.

Paul Stuart-Bennett joined forces with Neil Keron of Imperial and beat all opponents easily.

ELITE VIIIs.

This was the final race of the afternoon and for the first time that day we were beaten. Imperial College won by 1½ lengths from U.C., leaving us third some 1½ lengths behind.

Crew—Bow, P. Rosie. 2, S. Durham. 3, M. J. Gleeson. 4, D. Wright. 5, R. Pinckney. 6, J. Burgess. 7, C. P. Stuart-Bennett. Stroke, C. A. Chivers. Cox, S. Jefferies.

M. J. Gleeson.

SAILING CLUB

With the advent of another batch of freshers this year the Sailing Club stand in the Ballroom during Freshers' Week had a brisk trade. Altogether we have about 40 new people interested in Sailing, of whom about half haven't sailed before, which means that the more knowledgeable sailors have a big job on their hands! An even more formidable problem we have to put up with is that the Welsh Harp Reservoir, the site of the University Sailing Clubhouse and boats, is completely empty at the moment because of maintenance work by the Water Board. The Sailing Club is hoping to move its boats over to another reservoir but this will be expensive and mean a lot of extra travelling for members. However, we will hopefully be sailing regularly on Wednesdays and Saturdays after Christmas at the Welsh Harp. Following the success of last year's sailing team we aim to do even better this year.

The A.G.M. this year is on 29th October at 5.30 p.m. in the East Wing. On the social side there is the Sailing Club Hop on the 19th of this month and the Annual Dinner in November/December. Any Guy's men who are interested in attending the dinner should write to Roderick Ingham, Sailing Club Secretary, East Wing, Guy's. Anyone wishing to race with the United Hospitals team, should also contact him.

R.G.C.M.

SWIMMING

The London Inter-Hospital Physiotherapy Schools' annual Swimming Gala was held at the University of London Union Building on Tuesday, 26th September. The winners were St. Mary's Hospital, Paddington. Guy's was placed fourth and I should like to thank all those who took part and the supporters from the Physiotherapy School.

Guy's was represented by: Sarah Peach, Janet Turtle, Elizabeth Shirley, Deborah Yule, Cecily Cox, Susan Black, Jane Erskune (capt.), Sally Watson, Denise Middleton, Sally Belsham and Sheila Connell.

SQUASH CLUB

In addition to the few words written in the "Sports Commentary" it seemed a good idea to let people know what plans the club has. The main task this year is to foster younger players as many established players are leaving at the end of the year. Another ever-present problem is the finding of a coach. We are at present chasing a qualified Squash Rackets Association coach of whom we have heard good reports, and the chances that he will come are good.

Finally, what we do want people to realise is that our teams are not intended to be a "closed-shop", and there is plenty of room for new players. So if you are interested contact Robert Kirschen, Colin Holden or myself.

Angus Kingon.

NOTICE

There will be a Meeting of all Full Blues to elect a Committee for the forthcoming year, on Monday, 4th November, at 5.30 p.m. in the Committee Room, East Wing.

Nominations for Blues for the Summer Sports should reach the Secretary by this date.

I. J. Mackenzie, Hon. Sec., Blues Committee.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL

Allocation of Medical and Surgical Registrars 1974/75

To take effect from 1st October, 1974

Medical Registrars

Dr. Mann, Dr. Scott, Dr. Clark, and Dr. Grahame	Dr. J. A. H. Wass
Dr. Hardwick, Profesor Trounce, Dr. Cameron and Dr. Ogg	Dr. T. W. Higgenbottam
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Dr. W. J. Grabau (until Feb. 1975) Dr. J. D. Powell-Jackson (from Feb. 1975)
Profesor Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton	Dr. H. Williams
Professor Lessof, Dr. Dowling	Dr. R. Stott
Endocrinology and Nuclear Medicine	Dr. J. Bingham
Neurology	Vacant
Renal Medicine	Dr. A. J. Rees
Clinical Toxicology and Intensive Care	Dr. J. A. Vale
St. Olave's	Dr. M. P. Greenberg
	Vacant
New Cross	Vacant

Junior Medical Registrars	**October to March**
Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame	Dr. S. Hanley (until 30.11.74) Dr. D. B. O'Keefe (from 1.12.74) **April to October** Dr. D. Atherton
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg	**October to March** Dr. J. D. James **April to October** Dr. J. Davies
Dr Houston, Dr. Knight, Dr.Deuchar and Dr. Grimble	**October to March** Dr. S. Ng Tang Fui **April to October** Dr. R. Dent
Profesor Lessof, Dr. Joiner, Dr. Dowling, Dr. Burry and Dr. Sowton	**October to March** Dr. P. J. Rees (Junior Lecturer) **April to October** Dr. R. E. Clifford-Jones

Junior Medical Registrars

St. Olave's	**October to March** Dr. R. Dent Dr. D. J. Atherton **April to October** (Junior Lecturer) Dr. P. J. Rees Dr. S. Ng Tang Fui
New Cross	**October to March** Dr. R. E. Clifford-Jones Dr. J. Davies **April to October** Dr. D. B. O'Keefe Dr. J. D. James

Surgical Registrars

Professor McColl and Mr. Rendall	Mr. H. Sturzaker
Mr. Lawrie and Mr. Beard	Mr. R. J. Irwin
Mr. Blackburn, Mr. Maynard and Mr. Ellis	Mr. F. D. H. Birkett
Mr. Glover and Mr. O'Flynn	Mr. J. C. Lotz
St. Olave's	Mr. N. P. W. Coe

Junior Surgical Registrars

Mr. Lawrie, Mr. Beard, Mr. Glover and Mr. O'Flynn	Mr. M. J. H. Hillier
Mr. Blackburn Mr. Maynard and Mr. Ellis	Mr. H. Ismail
Breast Unit	Mr. B. Kenning
Neurosurgery	Mr. H. A. Goudarzi-Langroudi

Junior Staff Appointments 1974/75

The following appointments and re-appointments have been made for the period commencing 1st October, 1974 :—

Medical Registrars

	Dr. G. M. Cochrane (Greenwich District Hospital)
(SR)	Dr. W. J. Grabau (Guy's until Feb. '75 then Lewisham)
	Dr. M. P. Greenberk (St. Olave's)
	Dr. T. W. Higgenbottam (Guy's)
(SR)	Dr. J. D. Powell-Jackson (Lewisham until Feb. '75 then Guy's)
(SR)	Dr. W. Seymour (The Brook Hospital)
(SR)	Dr. R. B. Stott (Guy's)
	Dr. J. A. H. Wass (Guy's)
	Dr. H. Williams (Guy's)
	Vacant (New Cross)
	Vacant (St. Olave's)

Junior Medical Registrars

Until 31.3.75	**From 1.4.75**
Dr. D. B. O'Keefe	Dr. D. J.Atherton
Dr. J. D. James	Dr. J. Davies
Dr. S. Ng Tang Fui	Dr. R. Dent
Dr. P. J. Rees	Dr. R. E. Clifford-Jones
Dr. R. Dent	Dr. P. J. Rees
Dr. D. J. Atherton	Dr. S. Ng Tang Fui
Dr. R. E. Clifford-Jones	Dr. D. B. O'Keefe
Dr. J. Davies	Dr. J. D. James

Registrar to the Renal Unit

Dr. A. J. Rees

Registrar to Intensive Care and Clinical Toxicology

Dr. J. A. Vale

Registrar in Endocrinology and Nuclear Medicine

Dr. J. Bingham

Senior Registrar in Nuclear Medicine

Dr. A. W. Hilson

Surgical Registrars

Mr. W. Menzies (Lecturer)
Mr. F. D. H. Birkett
Mr. J. C. Lotz
Mr. H. Sturzaker
Mr. R. J. Irwin
Mr. T. A. Harrison (G.O.S. until 31.3.75 then Guy's)
Mr. J. Davies (Guy's until 31.3.75 then G.O.S.)
Mr. N. P.W. Coe (St. Olave's)
Mr. J. Payne (Lewisham)
Mr. W. Owen (Bromley)
Mr. P. C. Smith (Sabbatical)
Mr. R. E. C. Collins (Sabbatical)
Mr. T. Bates (Lecturer)
Mr. O. Davison (Pembury)
Mr. J. Lyttle (Greenwich)

Junior Surgical Registrars

Mr. H. Ismail
Mr. M. J. H. Hillier
Mr. H. A. Gourdarzi-Langroudi (Maudsley)
Mr. B. Kenning (New Cross Breast Unit)

Registrars in the E.N.T. Department

Mr. D. B. Mathias (Lewisham Hospital)
Mr. R. J. Parker
Mr. K. Pearman
Mr. J. Hibbert

Obstetric Registrars

Mr. T. G. Nash
Mr. J. B. Moir Shepherd
Mr. F. Abdel-Sattar
Mrs. J. Boulton (St. Olave's)

Registrars in Rheumatology

Dr. T. Gibson
Dr. T. F. W. Dilke (until 31.10.74)
Dr. A. J. L. Harkness (Locum vice Dr. A. Calin—U.S.A.)
Dr. R. Billings (Brighton and Lewes Hospitals)
Dr. J. D. Macfarlane
Dr. P. A. Dieppe

Registrars in Cardiology

Vacant

Junior Registrar in Cardiology

Dr. R. J. Wainwright

Registrars in Chemical Pathology

Dr. R. J. Von Witt

Registrars in Clinical Pathology

Miss L. Ardagh
Dr. W. R. Dunham
Miss J. Dove
Dr. P. A. Hassall
Dr. C. D. Hutter
Dr. M. F. Leahy
(SR) Vacancy (Microbiology)

Junior Registrars in Clinical Pathology

Dr. D. H. Haines (St. Olave's)
Dr. C. J. Noble (St. Olave's)
Dr. S. K. Price
Vacancy

Registrar in Haematology

Dr. P. J. Black

Registrars in Psychological Medicine

Miss V. T. Baraniecka (Bexley)
Dr. D. MacDiarmid
Dr. B. R. Nakra (Bexley)
Dr. S. Qaragholi
Dr. P. Raptopolous (St. Olave's)
Dr. M. Salasa (St. Olave's)
Dr. A. K. Suri
Miss G. Theano
Vacancy (St. Olave's and Bexley)
Vacancy (Guy's)

Registrars in Child Psychiatry

Dr. J. R. Colville
Dr. J. O'Melia
Dr. M. J. Pentney

Orthopaedic Registrars

Mr. R. Boobyer
Mr. J. P. Beavis
Mr. J. D'Arcy
Mr. J. Besser (Lewisham)

Orthopaedic and Casualty Registrar

Vacant

Registrar in Uurology

Mr. M. R. L. Joyce

Registrars in Dermatology

Dr. R. J. G. Rycroft
Dr. G. Sparrow

Registrars in Diagnostic Radiology

Dr. C. C. Penney
Dr. D. H. Rose
Dr. R. Sakya
Dr. N. L. Bishop
Mrs. L. Rockall
Dr. T. El-Sayed
Dr. B. Kanaan
Dr. A. E. Brown
Dr. M. O. Parr
Registrar Vacancy
Senior Registrar Vacancy

Registrars in Radiotherapy

Dr. D. Tong
Registrar Vacancy

Registrar in Neurology

Dr. M. O. Brien
Vacancy

Registrars in Ophthalomology

Mr. T. Arulampalum
Mr. R. Harfitt

Registrars in Ophthalmology

Mr. M. G. Ashton

Paediatric Registrars

Dr. J. S. Cogswell
Dr. H. Bluett
Dr. M. O. Savage
Dr. S. J. Nicholls (Brighton and Lewes Hospitals)

Registrars in Thoracic Surgery

Mr. J. E. Dussek	
Mr. J. B. O'Meara until 1.1.1975	(Then to U.S.A. and replaced by Mr. Maestral)
Mr. J. R. W. Keates	(St. Thomas' Hospital until 1.1.1975 then to The Brook)
Mr. K. Nair	(The Brook Hospital until 1.1.1975 then to Guy's)
Mr. J. Farnsworth until 1.1.1975	(Then to St. Thomas' Hospital)

Registrars in Anaethetics

Dr. J. D. Davies	
Dr. R. S. Bramwell	
Dr. M. A. Weller	
Dr. F. F. Casale	(Lewisam Hospital)
Dr. J. B. Hester	
Miss J. Chapman P/T	
Miss P. S. Melding	
Dr. J. A. Pook	(Brighton)
Miss E. D. Spark	
Dr. J. G. Ismail	
Dr. J. R. Wedley	
Dr. J. R. Stoneham	
Dr. D. Govindaswami	(Greenwich and Woolwich Hospitals)
Dr. M. W. Geadah	(The Brook Hospital)
Mrs. I. Mathias P/T	
Dr. P. J.Read	
Dr. R. B. Plummer	
Dr. M. L. Nancekievill	(Brighton)
Dr. S. Pais	
Dr. R. M. Doshi	(Hastings)
Dr. R. Dunnill	(Canterbury)

Registrars in Geriatrics

Dr. G. D. Mankikar	(Brighton and Lewes Hospitals)
Dr. A. J. Campbell	(St. Helen's Hospital, Hastings)
D. R. R. Lewis	(New Cross Hospital)
Dr. T. K. Ray	

Registrars in Venereology

Dr. K. L. Amasuriya	Dr. J. J. Rohatiner (G.P.)

Registrars in Orthodontics and Children's Dentistry

Mr. R. A. Quealy	Mr. I. D. Brown
Mr. J. C. Bennett	Mr. D. J. Ramsay

Registrars in Clinical Dental Surgery

Mr. P. Cove	(Queen Victoria Hospital, East Grinstead)
Mr. J. D. James	*until 31.10.74)*
Mr. J. Knox	

Registrars in Oral Surgery and Dental Casualty

Mr. H. S. Coonar	Mr. T. M. Hudson
Mr. W. R. H. Reid	Mr. S. A. Malik
	Vacancy

Registrars in Periodontology and Preventive Dentistry

Mr. D. N. Gouk	Mr. R. G. Yuill
Mr. A. S. Averill	Mr. G. Josephs
Mr. P. J. Kerr	

Registrars in Dental Prosthetics

Mr. B. J. Roberts	Mr. R E. W. Pearce
Mr. B. Malleson	Mr. P. B. Swiss
Mr. D. W. Martin	Mr. P. A. Swift
	Mrs. S. Roberts

Registrars in Conservative Dental Surgery

Mr. A. Watts	Mr. M. Malleson
Mr. T. R. Pitt Ford	Mrs. S. Robets
Mr. R. H. W. Brodbelt	Mr. L. R. Cree
Mr. R. L. Wood	Mrs. F. M. Paterson
Mr. C. R. Debenham	Mr. B. D. Glynn
Mr. R. A. Ellis	Mr. A. A. Macdona'd
Mr. M. D. Gross	Mr. N. A. P Thompson

Registrar in Dental Radiology

Mr. B. W. Beeching

NEW STUDENTS

1st M.B. STUDENTS
October 1974

Blackwell, M. J.	St. George's Coll., Weybridge
Carlile, W. W.	St. Lawrence Coll.
Clarke, G. A.	Tudor Grange Gram. Sch.
Coburn, Miss R. M. A.	Our Lady's Convent Sch.
Cooling, N. J.	St. Edward's Sch., Oxford
Fish, A. J.	County Upper Sch., Bury St. Edmunds
Gardiner, Miss C. L.	Berkhamstead Sch. for Girls
Irwin, Miss C. B.	Trowbridge High Sch.
Janikoun, Miss S. G.	Lycee Francais de Londres
Lawton, Miss C. A.	Hemel Hempstead Gram. Sch.
Loxton, Miss J. E.	Marist Convent
Mackenzie, Miss A. H.	James Allen's Girls' Sch.
Newstead, C. G.	Davenant Foundation Gram. Sch.
Rawstorne, S.	Ormskirk Gram.
Sanderson, Miss J. R.	Market Harborough Upp. Sch.
Trembath, R. C.	Nantwich and Acton Gram. Sch.
Vincini, C. M.	Salesian Coll.
Williams, Miss A. M. H.	Bishop Douglass Comp. Sch.
Wood, Miss G. R.	Sch. of St. Helen and St. Katherine

2nd M.B. STUDENTS
October 1974

Allanby, C. W.	Peterborough Tech.
Barnett, R.	Ravensbourne Sch.
Beaman, M.	Bicester Sch.
Bellamy, M. J.	Maidstone Gram. Sch.
Beynon, G. W.	St. Thomas Riche's and King's Coll., Cambridge (Camb.—Anatomy only)

Bolt, P. J. W.	Devenport High Sch. for Boys
Braid, N. W.	Whitgift Sch.
Brann, L. R.	Archbishop Tenison's Sch.
Brunjes, H. O.	Bedford Modern
Burrell, C. J.	Queen Mary's Coll., Basingstoke
Cerio, R.	Princethorpe Co'l.
Chaplin, J. R.	*Dartford Gram.*
Clark, M. R. S.	Stockport Coll. of Tech.
Corbett. D. J. R.	John Fisher Sch.
Cotton, Miss H. M.	Brighton and Hove High Sch.
Cummins, Miss M. C.	Torquay Girls Gram.
Crucefix, M. J.	Trowbridge High Sch.
Davenport, P. G.	Denstone Coll.
Davies, R. D.	Coed-y-Lan. Comp. Sch., Pontypridd
Davis, R. W.	Malborough Coll.
Denmark, L. N. J.	Westcliff High Sch. for Boys
Dodd, Miss G. M.	Surbiton High Sch.
Draper, M. R.	Ashville Coll., Harrogate and Manch. Univ.
Dunn, R. P.	Wellington Sch., Somerset
Earnshaw, J. J.	Rugby Sch.
Edwards, B. D.	St. Alban's Sch.
Farmer, D.	Stockport Gram.
Filose, S.	St. Benedict's Sch.
Fisher, P. W.	Southend High Sch. for Boys
Ford, G. R.	Farnham Coll.
Francis, Miss C. A.	Cheltenham Ladies' Coll.
Francis, G. J.	Windsor Gram. and Exeter Univ.
Ganczakowski, Miss M. E.	Convent of Holy Ghost
Gibson, J. A.	(Qual. Dental) Ullathorne Gram. Sch. and Univ. Leeds
Glover, M.	Radley Coll.
Gwinnutt, C. L.	Derby Sch.
Hands, Miss S. J.	Stourbridge High Sch.
Hayes, A. K.	Trinity Sch. of John Whitgift
Heber, M. J.	Leighton Park Sch.
Herbert, Miss M. H.	Aberaeron Comp. Sch.
Hobday, P. J.	Purley High Sch. for Boys
Holmes, C. P.	King's Sch., Worcester
Hounslow, N. J.	Dulwich Coll.
Hughes, E. J.	St. Theodore's R.C. Sch., Burnley
Inns, P.	Uppingham Sch.
Jedrzejewski, J. A.	Hove Gram. Sch. for Boys
Jonathan, D. A.	Malvern Coll.
Jones, Miss M. P.	Clapham County Sch.
Kaliniecki, J. P. J.	Gunnersbury Catholic Gram. Sch.
Kalinkiewicz, Miss M. C.	St. Paul's Girls' Sch.
Kiln, M. R.	Millfield Sch.
Kinsella, Miss H. C.	Convent of Holy Ghost
Kwiatkowski, D. P.	Oxford Univ.
Landy, Miss E. G.	Brighton and Hove High Sch.
Lawton, D. J.	6th Form Coll., Stoke-on-Trent
Leitch, Miss K. A.	John Leggott Coll.
McArthur, J. C.	John Fisher Sch.
McCoy, K. J. J.	St. McNissis, Garron Tower
MacLachlan, N. A.	Highbury Tech. Coll., Cosham
Mallett, R. B.	Downside Sch.
Masters, J. E.	Epsom Coll.
Mathias, T. G.	Merchant Taylor's Sch.
Maxted, D. F.	Epsom Coll.
Milburn, Miss H. J.	Worthing High Sch.
Miller, M. H.	Charterhouse
Misselbrook, D. P.	Central Gram. Sch., Tilecross
Mitchell, Miss D. M.	Bolton Sch. and St. Hugh's Coll., Oxford
Modern, N.	Quarry Bank Comp. Sch.
Murray, N.	Westminster City Sch.
Palmer, J. C.	Brighton Coll.
Parker, C. J.	Denstone Coll.
Pearson, Miss S. E.	Walthamstow Hall
Peck, R. J.	Plymouth Coll.
Penney, A. P. St. J.	Malvern Coll.
Price, J.	Huish's Gram. Sch., Taunton
Pryn, R. B.	Malvern Coll.
Ritchie, K. A.	Bishop Vesey's Gram. Sch.
Roche, D.	West Park Gram. Sch., St. Helen's
Rowlands, C. M.	Clifton Coll., Bristol
Rowley, P. D.	Rugby Sch.
Satchwell, B. P.	King Edward VI Camp Hill Sch. for Boys
Shepherd, Miss J. E. E.	Headington Sch., Oxford
Sheridan, R. J.	City of London Sch.
Sinfield, Miss K. E.	Convent of Holy Ghost
Smith, Miss S. P.	Ashford Sch.
Smith, W. S.	The Crypt Sch., Glos.
Stephens, C. R.	Hurstpierpoint Coll.
Stringer, M. D.	Royal Gram. Sch., Guildford
Surridge, N. J.	Dartford Gram. Sch. for Boys
Swingler, R. J.	Wandsworth Sch.
Szweda, S. A.	Bristol Gram.
Vallis, M. P.	Dulwich Coll.
Vaughan, Miss C. P.	The Broxborne Sch.
Walkey, R. H. B.	West Hatch Tech. High Sch.
Watts, M. A.	John Fisher Sch.
Weston, A. H. S.	Sevenoaks Sch.
Wheelwright, E. F.	Rishworth Sch., Yorks
Williams, R. M.	South Cheshire Coll.
Wong, Miss L. C.	Croydon Tech.

DENTAL STUDENTS

1st B.D.S.

October 1974

Baxter, Miss S. I.	*Ashford Sch., Ashford, Kent.*
Brereton, Miss L. A.	Slough High Sch. for Girls
Bryant, I.	Sexey's Gram. Sch.
Chandler, N. P.	St. Bartholomews Gram., Newbury
Ede, J. M.	Hastings Gram.
Glen, D. L.	Dukes Gram., Alnwick
Hart, Miss K. A.	Clarendon House, Ramsgate
Hepburn, Miss P.M.	Harrogae Coll.
Jordan, Miss J. A.	Queen Elizabeth Gram., Horncastle
McEvedy, M. A. B.	Tonbridge Sch.
Owen, Miss J. A.	Malvern Girls' Coll.
Pascoe, J. A.	Ranelagh Sch.
Perkins, S. G.	Warwick Sch.
Smith, Miss G. T.	Wycombe High Sch. for Girls
Warren, Miss K.	Burton Girls' High Sch.

2nd B.D.S.

October 1974

Bloch, Miss J. C.	Portadown Coll., N. Ireland
Bowen, J. M	Queen Elizabeth Gram., Carmarthen
Brocklehurst, R. J.	Royal Gram. Sch., Guildford
Browne, J. L. Miss	N. London Collegiates Sch.
Buckle, M. J.	Trowbridge High Sch.
Buckley, Miss C. M.	The Holy Trinity, Bromley
Carter, R.	Wyggeston Boys' Gram. Sch.
Cayley, A. S.	Westbuckland Sch., Barnstaple
Charig, Miss N. J.	Croydon High
Clover, Miss A. M.	Ellerslie Sch., Malvern
Coles, J. P.	City of Bath Sch.
Collier, F. I.	Eaglesfield Sch.
Coppen, M. T.	Felsted Sch.
Daniel, Miss C. M.	Holy Trinity Convent, Bromley
Davies, Miss M. E. G.	Sch. of St. Mary and St. Anne, Staffs.
Delahaye, M. P.	Langley Park Sch.
Ellerman, S.	Woodhouse Gram.
Evans, H. E.	Amman Valley Comp., Dyfed
Farquharson, J. K.	Whitgift Sch.
Forrest, R. D.	Univ. of Newcastle-upon-Tyne
Gamlen, Miss A. S.	Southampton VI Form Coll. for Girls
Hahn, R. G.	Queen Elizabeth Coll. London
Harben, M. P. R.	Haileybury
Hil., S. G.	King's Sch., Rochester
Hiscock, Miss C.	Queen Elizabeth Sch., Wimbourne
Hughes, F. J.	Bishop Bright Gram.
Inamdar, Miss A.	The Mount Sch., York
Johns, R. L. V.	Barry Boys' Comp. Sch.
King, R. S.	Ramsey Abbey Sch.
Lau, Miss J. K. Y.	St. Francis Coll., Letchworth
Legg, C. J.	Kingston Gram.
Leigh, Miss J. E.	Wakefield Girls' High
Levy, R. S.	St. Dunstans Coll.
Mehigan, D. J.	Cambridge Tutors, Croydon
Moran, D. G.	St. Marylebone Gram.
Munford, P.	Dartford Tech. High Sch.
Newell, S. L.	Westcliff High Sch. for Boys
Norton, P. A.	Raynes Park High
O'Hare, G. M.	St. Edwards Coll., Liverpool
Ovens, Miss G. A.	St. Philomena's Sch.
Palfrey, Miss V. I.	Sutton Coldfield Gram. Sch. for Girls
Parnell, D. O.	Llandeilo County Sec.
Patel, D.	Willesden Coll. of Tech.
Patterson, A. J.	Durham Johnston Sch.
Peel, Miss A. M.	Birkenhead High
Penfold, C. N.	Plymouth Coll.
Pritchard, C. A.	Stoneyhurst Coll.
Puckeridge, D. A.	Tonbridge Sch.
Rapaport, Miss E.	City of London Sch. for Girls
Rodker, M. J.	Poole Tech. Coll.
Rome, R. B.	Kilburn Gram. and Univ. of Sussex
Saunders, N. S.	North Glous. Tech. Coll.
Senior, J. A.	Berwick Gram. and Leeds Univ.
Sheppard, M. G.	Bradford Gram.
Spencer, Miss J. A.	Hendon High Sch.
Tranter, Miss J. C.	Mary Datchelor Girls
Watson, T. F.	Luton Coll. of Tech.
Whaites, E. J.	Peter House, Marancellas
Wilmers, Miss B. M.	Westminster Boys' Sch.
Wyatt, Miss M. H.	Sir Frederic Osborn Sch.
Yap, W. C. W.	Kingswood Sch., Bath

CLINCAL COURSE STUDENTS

October 1974

Bancroft-Livingston, M. K.	Stonyhurst Coll. Magdalene Coll., Cambridge
Buchdahl, R. M.	Leys Sch. and Gonville and Caius, Cambridge
Bull, C. S.	Harwich High Sch. Jesus Coll., Cambridge
Carman, Mrs. S.	Gravesend Girls' Sch. Girton Coll., Camb.
Emery, P.	Cardiff High Sch. Churchill Coll. Cambridge
George, Miss G. J. C.	Beneden Sch. St. Cross Coll., Oxford
Goutam, P. K.	Wolverhampton Gram. Sch. Balliol Coll., Oxford
Jarrett, P. H.	Bryanstone Sch. Exeter Coll. Oxford
Jones, B.	Gowerton Boys' Gram. Gonville and Caius Cambridge
Kapur, A. K.	Handsworth Gram. Jesus Coll., Camb.
Kipling, D.	Peterlee Gram. Tech. Gonville and Caius Coll., Camb.
Money, R. P.	Chislehurst and Sidcup Gram. Jesus Coll., Camb.
Sinclair, S. K.	Marlborough Worcester Coll., Oxford
Tanqueray, A. B.	St. John's, Leatherhead Magdelene Coll., Oxford
Taylor, J. D.	Abbeydale Grange Sch. Selwyn Coll. Camb.
Thornhill, Miss R. A. L.	Birkenhead Girls' Sch. St. Hugh's Coll.
Watson, S. A.	Queen Elizabeth Gram. Sch. Gonville and Casius Coll., Camb.
Wilkins, B. H.	Chislehurst and Sidcup Trinity Coll., Camb.

PAPERS BY GUY'S MEN

Coulson, A. S. and others. Lymphocyte tissue culture studies on human heart transplant recipients. I. Screening recipients for serum factors which inhibit the mixed lymphocyte reaction. **Annals of Surgery,** 1974, **179,** 930.

Coulson, A. S. and another. Lymphocyte transformation in protein free medium by Concanavalin A. **Lancet,** 1971, **1,** 80.

Coulson, A. S. and another. Phytohemagglutinin—Reisung von in Huhner-Plasmakoagelin kultivierten kleinen menschlichen lymphocyten. **Naturwissen schaften,** 1972, **59,** 473.

Coulson, A. S. and others. Progressive tracheal obstruction. **Journal of Thoracic and Cardiovascular Surgery,** 1974, **67,** 733.

Coulson, A. S. and another. Tuberculin receptor site on sensitised human lymphocytes: a reply to Dr. Fang's criticism. **Journal of Theoretical Biology,** 1971, **31,** 555.

Dean, M. F., Benson, P. F. and Muir, H. (1974). Increased ecretion of low molecular weight glycosaminoglycan fragments following plasma infusion in a case of Hunter syndrome. **Pediat. Res. 8,** 2, 136. (Abstract of a paper presented at the annual meeting of the European Society for Paediatric Research and Working party on mineral metabolism, Sevilla, Spain, October 1-4th, 1973).

Machin, G. A. and Crolla, J. A. (1974). Chromosome constitution of 500 infants dying during the perinatal period. With an appendix concerning other genetic disorders among these infants: **Hum. Genet. 23,** 3, 183-198.

Mok, H. Y. I., Bell, G. D. and Dowling, R. M. Effect of different doses of chenodeoxycholic acid on bile-lipid composition and on frequency of side effects in patients with gallstones. **Lancet,** 1974, **2,** 253.

Morgan, John K., and another. A seven-year follow-up study of ninety patients with psoriasis. **Brit. J. Derm.** 1974, **91,** 7.

Seller, M. J., Singer, J. D., Coltart, T. M. and Campbell, S. (1947). Prenatal diagnosis of neural tube defects. Prenatal diagnoises Newsletter, **111,** 1, 3 (letter).

Simpson, M. A. Contributor to: Care of the Dying (Proceedings of a National Symposium). **H.M.S.O.,** London, 1973

Simpson, M. A. Female Genital Self-Mutilation. **Archives of General Psychiatry, 29,** 1973, 808-810.

Simpson, M. A. Delayed Drug-Induced Dystonias. I. **British Medical Journal,** 1973, **4,** 174.

Simpson, M. A. Missbrauchte Psychiatrie. **Euromed,** 1973, **20,** 13, 1040.

Simpson, M. A. Medicine and Morality. **The Spectator** (London), 1973, Nov. 17, 628.

Simpson, M. A. Sanity and Insanity, **Radish,** 2, 3, 4, 1974 (Jan. 14).

Simpson, M. A. Gun Crazy America. **Pulse,** 1974, **28,** 4, 20.

Simpson, M. A. Delayed Drug-Induced Dystonias, II. **British Medical Journal,** 1974, **1,** 577.

Simpson, M. A. A Mythology of Medical Education. **Lancet,** March 9, 1974, **1,** 399-401.

Simpson, M. A. The Exorcist Diagnosed (with G. Monette), **The Spectator (Hamilton),** April 18, 1974, 6.

Simpson, M. A. Femal Genital Self-Mutilation as a cause of Vaginal Bleeding (with B. H. Anstee), **Postgraduate Medical Journal, 50,** 583, May 1974, 308.

Simpson, M. A. On Dealing with Bramble. **World Medicine,** 1974, **9,** 18, 12.

GUY'S, MAUDSLEY, KING'S COLLEGE HOSPITALS AND THE SOUTH-EAST THAMES REGIONAL HOSPITAL AUHORITY

Applications are invited for appointment as a **Senior Registrar** in Neurosurgery. The appointment will be made jointly by the bodies concerned and will be held alternately at the Guy's, Maudsley and King's College Hospitals Neurosurgical Unit and the Regional Neurosurgery Centre at the Brook General Hospital. The appointment will commence on 1st December, 1974, and will be subject to annual renewal.

Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification.

Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, S.E.5, for form of application, returnable by 1st November, 1974.

F.R.C.G.P.

Dr. H. Rosenberg (1973)

M.R.C.G.P.

M. N. J. Jacoby (1972)

BIRTHS

CHEESEMAN: On 20th June, 1974, to Angela (née Dunham) and Peter, their first child, a daughter, Sarah Ann. Address : Sydney, Australia, and c/o 13 Piatt's Lane, N.W.3.

COOK : On Friday, 23rd August, 1974, to John and Judie Cook, a third daughter, Tanya Joy Ann, sister to Andrea and Shona. 539 Prince Street, Truro, N.S.

GOODHART : On 9th September to Kathleen (née MacRae) and Robert, a son, Martin Andrew.

HALL : On 3rd May, 1974, to Stephen and Rosemary Hall (née Baker), a daughter, Catherine Mary, a sister for Jonathan and William. 11 Southdown Avenue, Lewes, Sussex.

HALL : On 23rd August, 1974, to David and Felicity (née Awde) a daughter, Charlotte, sister for Matthew.

LLEWELLIN : On 7th August at Gravesend and North Kent Hospital to Jean and Gwyn, a son, Richard Morris, a brother for Jane and Robert.

TANYA JOY ANN, sister to Andrea and Shona. 539 Prince Street, Truro, N.S.

ENGAGEMENT

The engagement is announced between Dr. Edward Evans of Wilderness Road, Chislehurst, Kent, and Miss Leonora Kromhout of Mooi River, Natal.

MARRIAGE

Dr. D. H. Evans and Dr. M. K. Gospodarowicz were married in Toronto on 28th June, 1974.

DEATHS

Dr. HERBERT EARNSHAW, F.R.A.C.S., R.C.S. On 15th February, 1973, from melanotic sarcoma, in Brisbane, Australia. He studied at Guy's from 1930 to 1932.

TRICK. On 11th September, 1974, suddenly while on holiday in Scotland, Scott-Russell Trick, O.B.E., T.D., J.P., much loved husband of Edith (née Gibbs), of Red Walls, Clifford Chambers, Stratford-upon-Avon.

CHANGES OF ADDRESS

Dr. and Mrs. M. H. Faulkner, 30 Riverslea, Stokesley, Cleveland, TS9 5DE.

Dr. Rosemary Hall, 11 Southdown Avenue, Lewes, Sussex. Tel : Lewes 6097.

Dr. and Mrs. N. P. A. L. Harper, 50 De Villiers Avenue, Crosby, Liverpool 23.

Dr. W. G. Lewis, 42 Miskin Road, Dartford, Kent.

Mr. D. Mackenzie, Windrush, The Drift, Syston, Grantham, NG32 2BY. Tel : Honnington 562.

Dr. and Mrs. James Pitt-Payne, 12 Top Park, Beckenham, Kent, BR3 2RU.

Murray and Lesley Roberts, Alston House, 54 Fell Brow, Longridge, Preston, Lancs. Tel : Longridge 2856.

Dr. D. S. Robins, Sick Quarters, H.M.S. Pembroke, Chatham, Kent.

Dr. Henry Winsley-Stolz, M.D. (formerly Dr. H. Windsley) has another surgery address at 29 Onslow Gardens, London, N.10.

Dr. and Mrs. R. A. J. Webb, 26 Sherwin Street, Henley, N.S.W., Australia, 2111.

PERSONAL

ALGARVE, Luz Park, comfortable, modern villa, seaview, maid; available October to March, sleeps four; £40 per person 2 weeks, including flight or rental only. Tel : Maidenhead 22714.

BABY SITTER WANTED for two good children in Blackheath. Transport provided. Phone : 01-852 5505.

BLACKHEATH : *Luxury two-bedroom flat.* Lounge, reception room. Gas central heating. Garden. Five minutes to station. Price : £15,500. Tel : 01-852 6545.

DENTAL ASSISTANT required. Beautiful North Wales. Extremely busy practice. Endless scope. Especially suit anybody interested in sailing, golf, etc. Phone : 0492 75791 evenings, Mr. C. Neville.

FOURTH PARTNER, graduate of a British University, required by Group Practice in Banstead, Surrey. Privately owned premises, equal rota, full secretarial staff, excellent remuneration. Dr. J. K. Smallshaw and Partners, Longcroft Clinic, Woodmansterne Lane, Banstead, Surrey.

GUILDFORD : Dental partnership requires colleague to take over from senior Guy's *partner retiring in due course.* Associateship, expense sharing or partnership. Commencing full or part-time. Guildford 73282.

PARTNERSHIP OFFERED : Guy's three surgery practice requires two partners to take over a one-third share of a fully-equipped and staffed freehold practice. Five minutes M4—easy commuting Wye Valley and countryside. Box No. 1/10.

PART-TIME SECRETARY required to help with Guy's Hospital Reports. A small honorarium is attached to the post. For further details please contact Dr. Deuchar, Cardiac Department or Dr. Barkhan, *Haematology Department.*

S.W.16.—ASSOCIATE/ASSISTANT required in mainly N.H.S. practice. Modern equipment in a pleasant surgery. Chairside assistance. Clinical freedom. Phone : 01-764 4340.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR	C. E. HANDLER
NEWS EDITORS	M. G. BOURNE, P. TILLMAN
SPORTS CORRESPONDENT	A. M. KINGON
NURSING CORRESPONDENT	Miss P. M. JEFFERIES
PHOTOGRAPHER	S. J. TWIGGS
MANAGERESS	Mrs. L. PAYNE

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2240

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

TIME FOR A CHANGE

The Government's proposals for the abolition of private beds in N.H.S. hospitals have met with the immediate, expected and understandable responses, ranging from disgust to whole-hearted approval but the longer-term implications of the health care revolution remain a riddle. One wonders what effect the proposals will have on the future complexion of hospital medicine and although there is much noise from those who are in principle anti-plastic surgery as it were, most people would agree that some sort of face-lift is required.

The consultants are not welcoming private bed abolition warmly and indeed their protests are well-founded in many respects. They maintain that the proportion of private beds in N.H.S. hospitals is small, and yet this drop in the ocean is a financially useful contribution to the N.H.S. Moreover, Lord Brock, in an article published in a national newspaper last week pointed out that even some Labour exponents of a one-tier health service wisely choose private rooms and that this freedom of choice should be available to all who desire it. This human and indisputably important principle lends itself to "many other facets of life such as holidays, the food one eats, the method of transport one uses, and so on."

It has, nevertheless, been the opinion of many people in all walks of hospital life, that the existence of private treatment facilities is morally and ethically wrong. Patients who are prepared and able to afford "special service and treatment" are the target of ill-feeling especially from para-medical staff who also denounce the blatant queue-jumping. These patients, however, will readily reply that if

anything, the "treatment" is no different in standard, whereas the "service is worse"! All they want is the choice to have privacy, peace and comfort so that they can get on with their illness more advantageously.

Although Aneurin Bevan, the great architect of the N.H.S., supported the existence of private beds for patients requiring additional amenities, the two-tier health service has always been open to criticism and now it looks as though the system he designed will be modified. This modification has really been due for some time. The consultants who feel maligned may be judged to have only themselves to blame as a revolutionary atmosphere has long been present and they should have heard the storm brewing well before. What have they done to protect their livelihoods? As many derive a significant chunk of their income from their private patients in N.H.S. hospitals (and few begrudge them this right of survival), have they been too slow to make alternative arrangements? Did they place too much faith in the rescue capabilities of the medico-political organisations and the so-called policy of "no co-operation" or underestimate the persistent and vociferous intentions of Mrs. Castle and Co? Perhaps their anger should not be solely directed to the Elephant and Castle but shared between Tavistock Square and themselves.

What of the future? If the Specialists leave the public hospitals and take their fee-paying patients elsewhere, a private system will still exist but the teachers of the future doctors, without whom the N.H.S. cannot function, will have disappeared. This is something that has always been recognised. It is ridiculous to expect consultants to live on status alone and yet their departure from teaching hospitals would be sad, but the possibility of irreparable consequences equivocal. If many consultants relinquished their private practices to be assured of a satisfactory full-time reward, would we soon see the problems of a Consultants' Union rear its head together with those of militant organisations? This of course, is unpleasant but seems to be the trend of our changing society. These issues and other unknown consequences of the long revolution will also affect the career decisions of medical students and junior hospital doctors. The reforms are relatively imminent and their outcome crucial, not only to the face of the N.H.S. but to the whole community. The initial reactions to an N.H.S. face-lift may be not so critical as a long cool look at the finished character. The operation will be neither silent nor painless but co-operation from all concerned will hopefully lead to a happy and satisfactory conclusion.

NEWS IN BRIEF

Dr. C. L. Joiner

Dr. C. L. Joiner was earlier this year visiting Professor in Medicine to Cornell University, New York. He has also been appointed Consultant Physician to the Army.

Mr. R. A. Sells

We should like to extend our congratulations to Mr. R. A. Sells, who has been appointed Director of the Renal Transplant Unit at the Liverpool Royal Infirmary.

Professor G. R. Webster

We regret to announce the death of Professor G. R. Webster, from the department of Chemical Pathology, who died suddenly on Sunday, 3rd November. A memorial service will be held in the Guy's Chapel on Friday, 6th December, 1974, at 1.00 p.m.

"Gray's Anatomy"

We are delighted to congratulate Professor Roger Warwick and Professor Peter Williams, the editors of "Gray's Anatomy", on yet another award for this book. In addition to the prizes mentioned in the last edition of the *Gazette*, it has been awarded a bronze medal in the "Most Beautiful Book of the Year" competition at this year's Leipzig Book Fair. The entry for this competition is world-wide and not selective in scope, so that this award is particularly pleasing for all concerned with the book's production.

Dinners

The B.Sc.—"74" dinner was this year held at Duke's, W.1., on 7th November. The chairman, Clive Handler, proposed the toast to Guy's Hospital Medical School.

The Nineteenth Annual Dinner of the Bournemouth and Wessex Guy's Hospital Society was held on 21st November at the Anglo-Swiss Hotel, Bournemouth. Mr. Alan Mayhew was in the Chair and the guest of honour was Prof. Jack Tulley.

British Dental Health Foundation

The third Annual General Meeting of the British Dental Health Foundation will be held on Thursday, 12th December, 1974, at 6.30 p.m. at the Royal Society of Medicine, 1 Wimpole Street, London, W.1. The guest speaker will be Mrs. Renée Short, M.P. for Wolverhampton N.E., who will be speaking on "Dental Care and the Handicapped".

Christmas Edition of the "Gazette"

We should like to remind our readers that the Christmas edition of the *Gazette* will be published a week earlier, on 21st December, 1974. All contributions should reach the editor by Wednesday, 11th December, 1974.

British Tay-Sachs Foundation Lecture

The British Tay-Sachs Foundation Lecture will be delivered on Monday, 2nd December, 1974, at 5.30 p.m. in the Kennedy Lecture Theatre at the Institute of Child Health, 30 Guilford Street, London, W.C.1, by Dr. Philip Evans, C.B.E., M.Sc., F.R.C.P., on the subject of "Hereditary Diseases and Their Control".

Department of Surgery Departmental Meetings

The following Wednesday meetings will take place next month. On 4th December, Dr. Nick White will talk about "Surgical Practice in Nepal" and on 11th December Dr. M. Maisey, B.Sc., M.D., M.R.C.P., Consultant in Nuclear Medicine, will talk about some aspects of work in his department.

PRIZES

History of Medicine Prize : value £30

This prize was established jointly by the Medical School and St. Thomas's Medical School in 1970 to further interest in the history of medicine and to provide a series of exhibitions in the old St. Thomas's operating theatre in the roof of the Chapter House of Southwark Cathedral. The prize is awarded annually for an essay or exhibition and is open to undergraduates and junior hospital staff of Guy's and St. Thomas's.

The prize is of the value of £30 in addition to which the Society of Apothecaries accord the prizewinner life membership of the Faculty of History of Medicine and Pharmacology.

The subject of the prize for 1974 is :

"Any subject relevant to the history of Surgery or Medicine, preferably in connection with the hospitals of St. Thomas's or Guy's."

Entries should be submitted to the Medical School Office, Guy's Hospital Medical School, not later than 31st January, 1975.

The prize for 1973 was won by J. H. Patrick and D. L. Rutt of St. Thomas's.

"Gazette" Prizes

Two prizes will be awarded for the two best essays submitted to the *Gazette* on "My First Term at Guy's". The prizes, two new editions of anatomy books, are available to all pre-clinical Freshers and will also have to be reviewed by the winners. Entries, of approximately 500 words, should be submitted to the editor not later than 13th January, 1975.

Before you dismiss a career in Naval Medicine, you might like to know what you'd be missing.

As a medical student you will be familiar with what medicine entails.

What you may not be so familiar with, however, is what medicine in the Royal Navy entails. It tends to be a little different in its application. More varied and interesting.

At sea, for instance, you could be anywhere from the Mediterranean to the Pacific Ocean. Looking after the health and well-being of an entire ship's company.

And though you could spend as long as the first eighteen months of your five year Short Service Commission on board different ships, you need have no fear of losing contact with mainstream medicine. For no matter where you are, you will be kept informed of current medical developments.

But that is only half the story. The other half has your feet firmly fixed on dry land where you would carry out your postgraduate medical training and a career in the clinical disciplines at one of our naval district general hospitals. Haslar or Plymouth, for instance, with their wide spectrum of clinical material drawn from naval personnel, their dependants and the local civilian population as well. There are also naval hospitals in Malta, Gibraltar and Mauritius, with opportunities for exchange appointments elsewhere.

There are also well staffed and equipped medical centres as far afield as Hong Kong and Singapore. And new training schemes are now under way in the United Kingdom.

Or you might prefer occupational medicine in our research orientated naval dockyards. Aviation medicine with its accent on rotary wing support of the Fleet. And for those with an administrative turn of mind, community medicine.

Royal Naval expertise in maritime medicine is recognised worldwide and research into underwater medicine, nuclear medicine and the closed submarine environment is centred at the Institute of Naval Medicine at Alverstoke.

Should you be moved or sent abroad at any time, all expenses will be paid by us. We will help you with accommodation (at very reasonable rents) and provide allowances for the education of your children, if you have a family.

But first, to be considered for a career in naval medicine, you will need your 2nd MB (or equivalent) and you must also be accepted by the selection board.

Once you have overcome these hurdles, you will be awarded a Naval Medical Cadetship. It's worth £1,898 a year. Then on qualifying, your pre-registration year can be spent either at one of our hospitals or at one of your own choice. Whichever you prefer.

Either way, when you have finished, you will be promoted to the rank of Surgeon Lieutenant at a salary of £4,099 a year rising to £4,249 after four years.

Then, at the end of your five year Short Career Commission you could leave, possibly with your higher degrees, and a tax free gratuity of £1,200 or more.

But if it's mutually agreeable, you can apply for either a 16 year pensionable commission or a Full Career Commission. The choice is yours.

If you would like to know more about Naval Medical Cadetships and practising medicine in the Royal Navy write to me at the following address:

Surgeon Commander L. C. Banks, R.N., (26BZ3) Department of the Medical Director General (Naval), Empress State Building, London SW6 1TR.

RN
ROYAL NAVY

OBITUARY

Dr. L. L. C. REYNOLDS

On 6th July, 1974, Lewis Leslie Clayton Reynolds died in his ninety-third year. This bare statement reveals the end of one of Guy's most illustrious sons.

Leslie Reynolds was born on 11th May, 1882, into an old-established medical family in High Wycombe. He followed the tradition of his father and grandfather before him and qualified in medicine in 1908. During his time at Guy's he took a keen interest in sport and was a regular member of the 1st XV.

He made his greatest impact after leaving Guy's and he was soon Captain of his Territorial Company. At the outbreak of the Great War he joined up in the infantry and declined the option of joining the Medical Corps. He took his company to France and rose rapidly to the rank of Brigadier, assuming command of the Bucks Battalion of the Oxford & Bucks Light Infantry, a command which he held continuously for three-and-a-half years. His men idolised him as a commander who led from the front and never asked them to do anything he was not prepared to do himself. Some measure of his bravery can be gathered from his gallantry awards: D.S.O. and bar, five times Mentioned in Despatches, Croix de Guerre avec Palme, and the Italian Silver Medal for Valour.

In 1913 he had married Elizabeth Weber, by whom he had two children, Geoffrey and Dora.

After the war he returned to his father's practice in High Wycombe.

The town showed its gratitude to him by bestowing the Freedom of the Borough in 1918.

He was appointed to High Wycombe War Memorial Hospital and rose to be Senior Surgeon there, a position he held until the inception of the Health Service in 1948.

In addition to this and his practice he was appointed medical officer to Wycombe Abbey, Godstowe, and the Royal Grammar Schools and became Local Treasury Medical Officer, all indications of the esteem which his medical skills commanded.

As if this were not enough, he became Chairman of the Magistrates and was appointed Deputy Lieutenant of the County.

During the Second World War he assumed command of the South Bucks area of the Home Guard in addition to all his normal duties.

His first wife died in 1944 and, in 1945, he married Christabel Coward, who was his constant companion until his death.

He retired to Bideford in 1958 where he spent his last sixteen years.

Leslie Reynolds would accept only the highest standard for everything that he did. He was well loved by his patients and old comrades alike and his memory will long outlive his demise.

Being one of the "old school" he believed that a gentleman's word was his bond and he would only accept scrupulous honesty. Intolerant of cant or humbug, he often appeared brusque but, beneath it all lay a heart of gold and an impish sense of humour. To me his passing marks the end of an era.

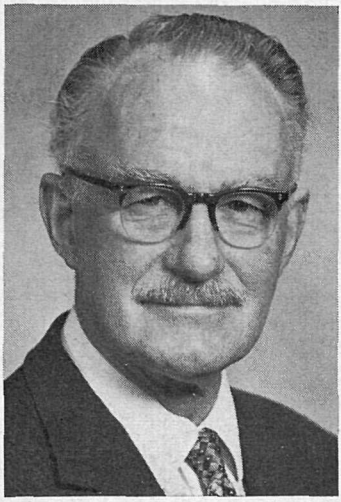
It would be wrong to mourn his death because, finally, he was irritated by his inability to do all that he wished. We can only be grateful for the example he set and remember with pride the achievements of this great Guy's man.

We extend our sympathies to his widow and son and daughter.

J.S.

T. H. HILLS, Esq., M.B., B.S., D.M.R.E.

Appreciation.



Tom Hills retired recently after a distinguished career. He first came to Guy's Hospital as a medical student in 1927, was appointed Registrar in the X-ray Department in 1936 and became Director in 1949, a post which he held until his retirement. He was therefore at Guy's a total of 47 years with only one break of one year's duration. The X-ray department in the 30's and 40's was very different from now. There were then two separate departments, medical X-ray and surgical X-ray. If a hospital consultant did not like the service and diagnosis from one department he merely referred his patient to the other. This may have been very convenient for certain of the staff but it involved duplication of apparatus and technicians, was wasteful in resources and was administratively chaotic. Dr. Hills altered all this by centralising the department in

Hunt's House, laid the foundation of the department as we know it today and systematically enlarged it to meet the needs of the hospital.

Tom Hills is a man of many parts. Always fond of music, he played the piano well and before the war he wrote the music for two Residents' plays. After the war he was largely instrumental in restarting the plays and for many years acted as censor. He was a fine engineer as well as a doctor, and while he was a student he was given a year's leave of absence from medical school to work at Leyland's perfecting a fluid fly-wheel which he had invented. He conceived, and built himself, the first automatic X-ray processing machine to be used in England and in more recent years he pioneered and developed a method of film miniaturisation using a television system. He took part in many international meetings and served as technical adviser to the Ministry of Health for many years.

As a person, Tom Hills has a wonderful sense of humour. He is sympathetic, very approachable and ever ready to help. He is an excellent judge of people and has a happy knack of selecting good staff. In his retirement his unbounded energy and wide interests will keep him fully occupied. He has a superb workshop, in which he will continue to work on mechanical problems and on his motor cars. We wish Tom and Nina continued happiness in the future.

J.D.D. and F.R.K.

GUY'S DIARY

DECEMBER

2	M	1.00	Clinical Lecture. Dr. RAMSAY "Porphyria and the Skin"
3	Tu	1.00	Clinical Lecture. Mr. LEWIS. "The Early Diagnosis of Pelvic Malignant Disease"
9	M	1.00	Clinical Lecture. Mr. RENDALL.
10	Tu	1.00	Clinical Lecture. Mr. HAYWARD. "The Management of Advanced Breast Cancer"
12	Th	1.00	Clinical Lecture. Professor WATSON. "Phobic Anxiety"
16	M	1.00	Clinical Lecture. Dr. O'BRIEN. "Migraine"
19	Th	1.00	Clinical Lecture. Dr. HOSKINS.

If you've taken your 2nd MB–

strike a bargain with the RAF.

You get over £2000 a year in your last three years as a medical student; with all fees paid. In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of at least £1500 to £3000 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book – or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

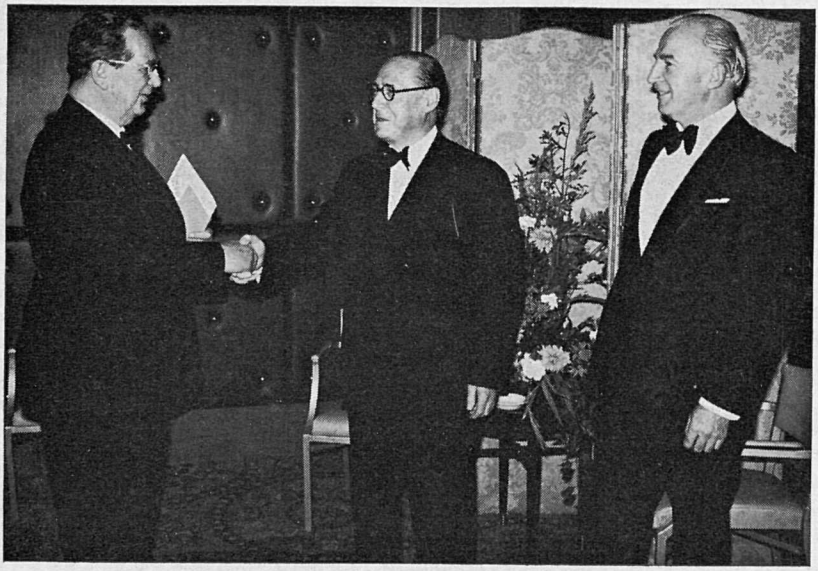
Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1),
Halton, Aylesbury,
Bucks, HP22 5PG.

RAF officer
DOCTOR

The 1974 Biennial Dinner

The 1974 Biennial Dinner was held in the Grand Hall, Connaught Rooms, W.C.2, on Friday, 4th October, 1974. Over 400 Guy's men, both medicals and dentals from all over the British Isles, attended this grand occasion.

The guests were received by the Chairman, Lord Brock, M.S., F.R.C.S., F.R.C.P., and after renewing acquaintances with former fellow students, sat down for dinner. The meal was excellent and the seating arrangements allowed graduates from the same year to exchange undergraduate tales and catch up with post-graduate news. As a student, I was impressed with the warmth and friendliness between such a large age-spectrum of Guy's men. There were those who qualified in 1910 and others from the most recent pass list—clearly, no generation gap here! After toasts proposed to the Queen, Guy's Hospital and Schools and a toast to the Chairman by Mr. R. J. Cann, Lord Brock stood up to respond. His stories of the brain transplant surgeon and the "Exile from Babylon" caused great amusement.



The Chairman, Lord Brock (centre), with Mr. Noel Glover, the Honorary Secretary (right), receiving one of the guests.

It was finally left for Mr. Noel Glover, the Honorary Secretary, to thank all those who helped to make the Dinner possible. The mention of Arthur Wallis triggered a long and emotional ovation and the least this well-respected gentleman could do was to stand to receive the accolade. At this, Mr. Glover commented, "I see he must have helped all of you as much as he helped me!" There was, perhaps, only one serious omission from the list of appreciations. This was to Mr. Glover, as without his enthusiasm and energies the Biennial Dinner could not take place.

The evening continued after dinner with the happy crowd drinking and chatting and obviously looking forward to October 1976.

C.E.H.

REACTION FOR ACTION

The Student Medical Education Committee exists for the improvement of medical education at Guy's, and consists of elected representatives from each year and from the junior staff. Its members sit on many of the medical school's committees and form a means of communication for students and consultants to discuss the present state and future potential of courses and firms. The more senior members of Guy's are not formally represented on the committee but are always welcome at meetings, particularly when topics related to their disciplines are being discussed.

S.M.E.C., as it is affectionately called, has existed since the mid-1960's and has had a chequered career, largely due to the intermittent interest expressed by the student body in their education. The medical school and teaching departments can improve student education only with the necessary feedback. S.M.E.C. provides this opportunity. So if a series of lectures clashes with outpatients, or there seems to be too many examinations, it is the responsibility of those who feel they are suffering to explain the situation to a S.M.E.C. representative. A line of communication does not function unless it is used.

Geoffrey Vevers.

Chairman: Student Medical Education Committee.

The following have been elected to the Committee for 1974-75 :

Representative of :

Preliminary Year—R. C. Trembath.

1st Year Basic Medical Science—R. D. Davies; J. P. O'Hare (Secretary).

2nd Year Basic Medical Science—Miss T. J. Leverton (B.M.S. and Curriculum Committee); J. R. W. Hangartner (B.M.S. and Clinical Curriculum Working Party).

B.Sc.—J. A. Pain.

1st Year Clinical—A. I. Hammett (Clubs' Union Council); C. E. Handler (Clinical Curriculum Working Party and Curriculum Committee).

2nd and 3rd Year Clinical—M. J. Gleeson (Museum and Wills Library Committees); C. G. Pinder (Staffing Committee and Clinical Curriculum Working Party); Miss P. M. White (Wills Library Committee); G. W. G. Vevers (Chairman, School Council, Sign-ups Committee, Junior Staff Committee).

Doctors' Low Moral and Dietary Fibre

The annual B.M.A. lecture, given by Mr. Denis P. Burkitt, F.R.S., on 5th November in a packed Anatomy Theatre, was titled "Some Diseases Related to Fibre-Depleted Diets".

Illustrating his talk with an amusing and absorbing "cops and criminals" analogy, he suggested that raised intra-luminal pressure was the culprit of diverticular disease and appendicitis, enhanced carcinogens the offender of polyps and carcinoma of the bowel and that the knave causing haemorrhoids, hiatus hernia and varicose veins was an increase in intra-abdominal pressure.

In order to find a possible link to all three law-breakers, he investigated thoroughly the aetiology and the factors affecting each of these crimes. An association of the criminals was found on the basis of geographical distribution, the age incidence, the time of appearance and the sex specifity of these diseases.

Mr. Birkitt related tales of his years of study in Africa and showed some slides of the types of stools excreted by the natives. Their consistency and weights in addition to the criminal association led him to point an incriminating finger at intestinal stasis, the criminal organiser, and he suggested from intestinal transit studies that this bowel arrest was a function of "diet refinement". Average transit times vary from some 35 hours in African villages on a high-residue diet to over 70 hours in English volunteers on a low-residue diet. Whereas African stools often average 400-500 g. and are soft and unformed, he stated that members of the audience were probably satisfied with 150 g. of firm, formed stools due to their low-fibre diet. The incidence of these diseases in Africa is relatively very low and indeed, some of his colleagues there were still waiting to see their first case of appendicitis, although its prevalence is increasing in countries where it was formerly unknown. He claimed that fibre-depletion was the big gang chief—the common causative factor of all the diseases mentioned and also, perhaps, of gallstones and coronary heart disease. It was this that caused intestinal stasis which produces the abdominal phenomena leading to disease.

He advocated to all, the prophylactic measures of a higher fibre diet which may be obtained with wholemeal bread, potatoes and as little as 2 g. of cereal fibre daily. In concluding, he drew another analogy, which must have pricked the consciences of many of the assembled. In the same way as some like to make a living by drying floors as floor moppers and others by providing the mops, it would be quicker, more effective and cheaper to merely turn off the offending tap. In his comparison, the physicians and surgeons were the moppers and industry the mop-makers. These people, he suggested, make money from diseases which may be prevented more easily and cheaply and furthermore, less painfully. If doctors turned off the tap by ensuring high-fibre diets for the community, this would reduce the incidence of these diseases. "In any case", he said before leaving the floor, "industrial firms could always make ball-point pens instead!"

C.E.H.

Are your patients suffering sensitivity in silence?

As you know, hypersensitivity can be painful but it needn't be serious. The trouble is that patients who suffer from sensitive teeth often shy away from painful treatment, choosing to endure their discomfort in silence.

But there is a way that patients can tell you without their having to say a word. Simply give their teeth an all-round squirt from your 3 in 1 Air Syringe. If the patient over-reacts then recommend regular brushing with Sensodyne, the medicated toothpaste that brings relief from the painful symptoms of hypersensitivity.

Leading dental authorities recognise Sensodyne's superiority.

Sensodyne contains strontium chloride which builds up a really effective protection. This unique fomulation has been proved time after time to be one of the best treatments for hypersensitivity. Whether it be caused by periodontitis, surgical exposure, clamp abrasion or any other dental condition.

90% of patients find Sensodyne helps reduce the level of sensitivity and 67% gain complete relief (1-9). Sensodyne starts to work with the first brushing. And the longer it's used the greater the cumulative protection it provides.

Sensodyne gives superior plaque control too.

But Sensodyne is not only good for hypersensitivity. With a proper brushing technique it is one of the best ways of removing harmful plaque.

In tests, independent investigators found Sensodyne's enamel polishing properties three times higher than other commercially available desensitizing dentifrice (11). Sensodyne is completely safe for continued use, and can be recommended with confidence as a replacement for ordinary toothpaste.

The Sensodyne Softex Toothbrush.

As you know, to complete the treatment for hypersensitivity it is vital that patients use a toothbrush that will not aggravate the condition.

The Softex brush has slender, resilient, nylon filaments, which are rounded at the tip to prevent abrasion or injury to the gums. The brush head is short, narrow and rounded, which makes it easier to clean and brush all parts of the teeth without damaging sensitive areas.

So when you recommend Sensodyne, remember the Softex brush. Together they provide the complete home treatment for hypersensitivity (12).

References

1. H. Zelman and C. E. Hillyer, "Treatment of Dental Hypersensitivity with a Strontium Chloride Dentifrice in a General Dental Practice," New York J. Dent., 33:259, 1963.
2. B. Blitzer, "A Consideration of the Possible Causes of *Dental Hypersensitivity: Treatment by a Strontium-ion* Dentifrice," Periodont. 5:318, 1967.
3. M. R. A. deRabbione and J. Monteverde, "Action of a Dentifrice Containing Strontium Chloride as an Active Drug for the Treatment of Dental Hyperesthesia," El Cooperador Dental (Argentina) No. 186-187, Nov-Dec 1964.
4. R. M. Meffert and S. W. Hoskins, "Effect of a Strontium Chloride Dentifrice in Relieving Dental Hypersensitivity," *J. Periodont*, 35:232, 1964.
5. H. Skurnik, "Control of Dental Hypersensitivity: Preliminary Report on a Strontium-containing Dentifrice," J. Periodont, 34:183, 1963.
6. A. Cohen, "Preliminary Study of the Effects of a Strontium Chloride Dentifrice for the Control of Hypersensitive Teeth," Oral Sur., Oral Med., & Oral Path., 14:1046, 1961.
7. M. R. Ross, "Hypersensitive Teeth: Effects of Strontium Chloride in a Compatible Dentifrice," J. Periodont, 32:49, 1961.
8. H. Pusso-Carrasco, "Strontium Chloride Toothpaste – Effectiveness as Related to Duration of Use," Pharmacol. and *Ther. in Dent., 1:209, 1971.*
9. W. B. Shapiro, R. S. Kaslick and A. I. Chasens, "The Effect of a Strontium Chloride Toothpaste on Root Hypersensitivity in a Controlled Clinical Study," J. Periodont. 41:702, 1970.
10. W. B. Shapiro, R. S. Kaslick, A. I. Chasens and D. Weinstein, "Controlled Comparison Between a Strontium Chloride and a Sodium Monofluorophosphate Toothpaste in Diminishing Root Hypersensitivity," J. Periodont, 41:523, 1970.
11. G. K. Stooky and J. C. Muhler: J. Dent. Res. 47:524 (Jul-Aug) 1968.
12. L. M. Nevins, "Control of Resistant Dental Hypersensitivity," *New York State Dent. J. 30:160, 1964.*

Stafford-Miller

EXCLUSIVE GAZETTE INTERVIEW WITH PROFESSOR J. P. WATSON, M.D., M.R.C.P., M.R.C.Psych.,

FIRST PROFESSOR OF PSYCHIATRY AT GUY'S HOSPITAL MEDICAL SCHOOL

GAZETTE: "Professor Watson, what do you see as your main function as the first Professor of Psychiatry at Guy's?"

PROF. WATSON: "I think I have a number of functions, all of which are important, but that it makes sense to place these in some kind of order of priority. I think the first priority is concerned with the teaching of psychiatry to medical students, that is to say to undergraduates. I am very encouraged already by the developments that are taking place in the revised curriculum."

GAZETTE: "Would you like to see psychiatry play a greater part in the clinical curriculum?"

PROF. WATSON: "Well, I think teaching in psychiatry should ideally comprise a number of different activities, a whole-time clerkship for say three months is an important part of that, but not the only part. The other parts, I think, include adequate pre-clinical teaching in the relevant basic science subjects, and of course there is a considerable effort currently being expended at Guy's in this respect, and the other concerns co-ordinated teaching between psychiatrists and members of other medical disciplines throughout the clinical curriculum. This is sometimes called liaison psychiatry, and I think its virtues are at least two. In the first place it gives physicians and others a chance to see if psychiatrists have anything useful to contribute to the care of their own patients who have psychological problems as well as medical and surgical ones, and this is a very useful educational experience for psychiatrists who have in the past expressed totally unreasonable pretentions about the contributions they can make to all sorts of activities; but secondly this type of linked teaching, if done properly, I think, facilitates the student's awareness that the person who has medical or surgical disorder is a person as well as somebody with that sort of disorder. All expert general physicians, of course, are aware of this, but I think sometimes it is difficult for students to do other than focus upon the particular part of the body which is under discussion in a particular medical situation. So I see developing undergraduate teaching with those strands uppermost as my main priority, but in order to achieve that I think I have to pay attention to the training needs of our post-graduates, our psychiatric trainees and because students have contact with psychiatric registrars and senior registrars, and may well be impressed for better or worse by contact with them, the better they are—the better the teaching of the students. Furthermore, the quality of psychiatric trainees, and of psychiatric training, is related to the academic standards of the research programme which the department engages in. So it seems to me that undergraduate teaching, postgraduate teaching and research need to be considered together, as well as separately."

GAZETTE: "What are your main research interests?"

PROF. WATSON: "I am interested in two main sorts of things. The first is in encouraging anybody who has a good idea about anything to do with psychiatry, to follow it out. The ignorance in the field of psychiatry is profound, and we need every good idea we can get. Secondly, which is more related to my own personal interests, is to explore psychological treatments of all sorts; this includes activities sometimes called behaviour therapy, group psychotherapy and individual psychotherapy. One is interested both in increasing the effectiveness of treatments of this sort that are available, and in finding out why they work. It is also important that we do the best we can to make sure that they work, that is to say to evaluate them."

GAZETTE: "Why did you become a psychiatrist?"

PROF. WATSON: "That is rather like asking prospective medical students why they want to be doctors, which they are very likely to be asked, and which characteristically they have no clue about. Partly, of course, this is because introspection is not a very good way of learning about one's own motivations, but naturally one can say certain things. For many years, for example, I have been interested in philosophical things and in trying to work out why people behave as they do, with a background of reading in various sorts of psychology and philosophy, and indeed in theology to some extent. I went to King's from Cambridge, and was very impressed by what Dr. Hill, now Sir Dennis Hill, had to say as a clinical teacher of psychiatry, to us, and I rather think, although I may be wrong about this, that it was he who crystallised in my mind the idea that I should become a psychiatrist, because so far as I can remember, I have never seriously thought of doing any other kind of medicine since my clinical student days."

GAZETTE: "What else do you think you could have done outside medicine?"

PROF. WATSON: "Well, my most persistent fantasy about that has been of becoming an opera singer; I suppose my model for that would be Sir Geraint Evans, particularly with his Mozartian hat on. Earlier fantasies concerned excellence at sport, but with the passage of the years, not that I actually regard myself as old, these have diminished and have been replaced by admiration for those who are actually very good at various kinds of sport."

GAZETTE: "And does sport play any part at all in your recreational activities now?"

PROF. WATSON: "Much less than I would like because one finds it is squeezed out unless one is very careful about making time for it. Recently, there has been time for very little more than the occasional game of squash, and the occasional game of soccer with one's children."

GAZETTE: "I believe you do have four sons. Would you like to see them as psychiatrists?"

PROF. WATSON: "Well, I think it might be surprising if they all escaped careers in medicine, because their mother is also a doctor. On the other hand, I would feel that they had been perhaps over-exposed to medicine in undesirable ways if they all became doctors, let alone all became psychiatrists. I am sure the attitude I would most wish to foster is the ability of my sons to choose for themselves what they would like to be and to do, which means primarily giving them the opportunity of finding out what the possibilities are."

GAZETTE: "You may still be considered somewhat of a new arrival at Guy's, how do you think it compares with St. George's?"

PROF. WATSON: "I never did find compare and contrast questions very easy to answer. They tend to imply what in psychometric terms you could call a categorical scaling of items into good and bad. Perhaps it would be more appropriate to say that one place is good in certain respects, and the other is good in certain respects. Certainly I am very impressed and warmed by all sorts of welcoming noises that people have made to me since, and indeed before, I came here, and in certain respects this can't have been too easy because of the most extraordinary financial stringency with which we are confronted, and I think it is important that the fact that resources are scarcer than they used to be has not obscured the fact that one has been made to feel very much at home. Compared with St. George's, Guy's does have certain advantages, in particular that it is not broken up like St. George's into three parts which is a very great difficulty. The people you want are always somewhere else, or, of course, they say they are somewhere else, and are actually at home in bed. I dare say it is possible to play this game to some extent between Guy's and St. Olave's, but I have not come across it yet!"

GAZETTE: "Do you think there are any differences between Guy's students as a whole and St. George's students, or indeed King's students?"

PROF. WATSON: "I shall be interested to know how I answered that question in five years' time and indeed in ten years' time. My impressions hitherto will have been related not only to the characteristics of the students that I have met, but also to characteristics of my own as somebody going into an entirely new situation with a status he has not had before. I have got over the tendency, for example, to respond to people who say Professor Watson by looking over my shoulder to see who they are talking to. I am still pondering the tendency of students at Guy's to address me as 'Sir'. This is something that I don't think I encountered at any time at St. George's."

GAZETTE: "Do you object to it?"

PROF. WATSON: "I don't think I object to it. I hope to have some opportunities of trying to work out why people do it, and why I have the responses to it that I do, because it seems to me an interesting matter. I am also impressed by the keenness of the students who have appeared at the York Clinic in my time so far, although I am aware that there are competing curricular attractions the way psychiatry teaching is structured just at the moment."

GAZETTE: "What kind of psychiatrist would you like to be known as?"

PROF. WATSON: "I am rather resistant to attempts to categorise me, particularly in either of the two traditional categories of psychiatrist; that is to say either an organic psychiatrist in the mould of William Sargant and St. Thomas's, or as a psycho-analyst, or an anti-psychiatrist in the mould of somebody like R. D. Laing, or even more orthodox psycho-analysts. I think it is very important to say that sensible psychiatry, if I can put it so, these days, implies the ability to work out what is the most effective approach to a particular problem, and to use it, and the most effective approach in particular cases might be some sort of physical one or psychological one, or a social one. This, of course, makes it much more difficult to be a good psychiatrist, because it means you have to know quite a lot of all the possible approaches to psychological problems. I would certainly like to be known as somebody interested in psychological treatment, and also somebody interested in the contributions that non-doctors can make to the relief of psychological distress. I think that trained counsellors have special skills which many doctors don't have, that nurses, particularly expert psychiatric nurses, are very good at certain things that many psychiatrists are not good at. I could say a lot about this. I could give you perhaps one example. Personal enquiry around psychiatric peers suggests that I was not alone as a psychiatric trainee at the Maudsley Hospital in learning to respond to summonses in the middle of the night to help with disturbances on a ward, by waiting just long enough for the Night Sister to have relieved the disturbance, because it was quite clear that she was actually much better at it than I was. It was very important to go because that was helpful to the nurse for reasons which are complicated, naturally this is an over statement, but on the times when one was confronted with a serious behaviour problem on a ward, it was really rather uncommon for the psychiatrist to be better at dealing with it than the psychiatric sister was."

GAZETTE: "How long will it take you to make the Guy's psychiatry department the best in the country?"

PROF. WATSON: "Well, we have not quite managed it yet, but we have taken several substantial steps towards it already. I am not sure how one would demonstrate that this had been achieved. One would hope that emergent doctors from Guy's would respect psychiatry and psychiatrists, would feel that it was not alien to them, would feel able to develop their own capacity for psychological understanding, ef whatever patients they have to deal with, and where appropriate to conduct certain sorts of psychological treatment themselves. I hope certainly that we would not alienate students such that nobody from Guy's actually came into the speciality as a prospect psychiatrist. There is, of course, the tradition of Guy's men becoming psychiatrists in the past, and I would hope that this could at the very least be continued."

APPROACHES TO PSYCHIATRIC DISORDER

J. P. WATSON, M.A., M.D., M.R.C.P., M.R.C.Psych.

This is the first part of a lecture addressed to the Guy's Science Club. The second part, including the references, will be published in the December edition of the *Gazette*.

Introduction

I am pleased and honoured that it should be thought appropriate for a psychiatrist to open the 1974-75 session of Science Club meetings. I hope that what I have to say will seem, as it is intended, relevant to the deliberations of a scientific forum.

The Existence of Varied Approaches to Psychiatric Disorder

The existence of varied approaches to psychiatric disorder will be familiar, perhaps for a non-psychiatric clinician, only too familiar. The degree of divergence between different views current within the field should, however, be acknowledged. Some for example would describe a psychiatrist as a physician with special knowledge of illnesses involving the mental apparatus or psyche or biological substrates thereof—rather as a neurologist has expert knowledge of diseases of the nervous system. One alternative view has been formulated thus: "mental illness is a myth. Psychiatrists are not concerned with mental illnesses and their treatments. In actual practice they deal with personal, social and ethical problems in living" (Ssasz 1962, p.296).

Equally divergent views have been expressed—and relatively recently—about the nature of problems with which the psychiatrist deals. Schizophrenia, for example, has been regarded as a disease attributable to some not quite specified biochemical abnormality, perhaps related to catecholamine metabolism; or—and here I am attempting to paraphrase views of R. D. Laing—as a designation applied to persons who are not suffering from any disease but are the victims of exposure to schizophrenogenic activities of other family members or perhaps of a wider society.

Opposed viewpoints are also current with regard to psychiatric treatment, both in general and in respect of specific problems. Impotence, for instance, might be regarded by some as indicating a serious personality problem requiring prolonged intensive psychotherapy, but by others as an understandable behavioural maladaptation likely to respond to a few weeks' re-training.

I propose to discuss implications of these varied approaches for psychiatry in a large teaching general hospital complex.

Historical Aspects

Three aspects of British psychiatric history are relevant to our theme. The first is the development of medical responsibility for insane persons from the nineteenth century following decreased involvement of the Church in this activity. From mid century the large asylums were built in the country away from centres of population and the large general hospitals; increasingly, asylum inmates were viewed in medical terms as having illnesses requiring the attention of doctors and medical forms of treatment. These ideas received considerable impetus from the confirmation of the syphilitic nature of general paralysis by Noguchi in 1911.

Secondly, it is noteworthy that demonological views of mental disorder were replaced by medical or "illness" views in a straightforward way. The era of so-called "moral treatment" in the early nineteenth century should not be forgotten. Samuel Tuke, for instance, wrote as follows concerning the Retreat at York in 1813: . . . " it was conceived that peculiar advantage would be derived . . . by having an Institution . . . in which a milder and more appropriate system of treatment, than that usually practised, might be adopted; and where, during lucid intervals or the state of convalescence, the patient might enjoy the society of those who were of similar habits and opinions. It was thought, very justly, that the indiscriminate mixture, which must occur in large public establishments, of persons of opposite religious sentiments and practices; of the profligate and the virtuous; the profane and the serious; was calculated to check the progress of returning reason" . . . (Tuke 1813).

This passage implies a host of hypotheses about the determinants of the progress of hospitalised patients which still, more than a century and a half later, await experimental study. I shall mention this point again later.

Tuke's treatment practices included such activities as encouraging persons who were fit to do so—though still insane—to work in the hospital or its grounds, to take meals with staff members and their families, and to take recreation in hospital grounds or woods. Tuke was one of those who weighed in against a pernicious doctrine of total insanity which has at times replaced one version and at times a popular one—of the doctrine of total depravity. That is, insanity does not imply inhumanity or total incapacity. So far as one can judge, Tuke's patients were discharged as relieved at rates which have only been re-approached in the last 15 years.

Our third historical theme is that the development of psychiatry within general and teaching hospitals concerned a quite different patient population, Hill (1969). From an early date, patients with neuroses were identified at general hospitals while the insane were treated in mental hospitals; there was little overlap between these two populations. The eighth edition of Osler's "Principles and Practice of Medicine" (1920) does not deal with pyschoses but has sections dealing with delirium, general paralysis and other "organic" mental conditions, writer's cramp, hysteria, neurasthenia, and "railway brain"

and "railway spine". The latter two conditions seem to be post-concussional states. They were incidentally familiar to the first psychiatrist at Guy's, John Dickson (Fleminger 1966).

Integration of mental hospital and teaching hospital strands of practice received impetus from the Mental Treatment Act of 1930 and particularly from the development of the N.H.S. This has tended to imply the identification of all psychiatric disorders as medical problems, and particularly as illnesses.

The Work of Psychiatrists

At the risk of belabouring a point, let us be clear about what psychiatrists working with adults actually deal with, collectively. Roughly, patients comprise five categories. There are the various psychotic disorders, in persons defined by others or society, or (rather rarely) by themselves as mad; there are anxieties, depression, obsessions and so on of the neuroses; and problems arising concurrently with cerebral dysfunction, the "organic" psychiatric disorders. In addition, psychiatrists see many other persons with disorders or problems whose taxonomy often seems irritatingly unsatisfactory. Persistent antisocial, perhaps aggressive conduct, excessive alcohol ingestion or gambling, maladaptative sexual behaviour, chronic occupational failure, marital breakdown and excessive shyness or moodiness are just some of the problems often ascribed at least in part to disorders of the personality. A fifth category includes a wide range of problems associated with other medical activities; thus, some psychiatrists spend much time working in renal dialysis units, with patients undergoing physical rehabilitation programmes, in family planning clinics, and so on. There is perhaps no hospital specialty to which pyschiatry has not at some time felt that it could make a useful contribution. I am reminded that Sir Aubrey Lewis once remarked that "the pretensions of some psychiatrists are extreme".

Behaviour

This field of activity is both vast and diverse. There is, however, a unifying thread running throughout. That is that all the problems I have mentioned involve behaviour. In my view, the psychiatrist was defined historically as the doctor with special responsibility for problem behaviour, and the job of the present day psychiatrist is understandable as coping with behavioural problems which arise in medical situations.

Perhaps it is worth emphasising that "behaviour" in this context refers to what people do, includes what people say and, is a term which also comprehends "subjective experience". Behaviour in this sense is the subject matter of psychology, as pointed out by writers such as Broadbent (1961), and psychiatry is one (not the only one) of the disciplines concerned with abnormal or, as I would prefer to put it, problematic psychology. It is not necessary here to distinguish experience, psychology, and behaviour, but it is important to

highlight a distinction between the work of psychiatry and the business of other disciplines. This is that the psychiatrist's primary focus (not his sole focus) is upon activities of people as wholes in relation to environment, whereas the primary focus (and certainly not the only focus) of many other disciplines is upon part of a person.

I would not wish this to be misunderstood. What is meant is, for example, that one would not expect to meet a neurologist who never examined the nervous system, a haematologist without expert knowledge of the blood, or a rectal surgeon who did no rectal operations. Whatever else they may do, these disciplines focus particularly upon parts of people. Similarly, a psychiatrist attends to people's behaviour, whatever else he does.

However, this distinction between psychiatrists and others is one of degree, not of kind. Of course good neurologists, haematologists and rectal surgeons attend to the person of whose particular part the specialist has expert knowledge. And psychiatrists attend to physiological or psychological part functions related to their patients' behavioural difficulties. To compare the work of psychiatrists and other specialists is to identify different emphases along a single continuum of common concern.

To discuss human behaviour is not only to facilitate understanding of the business of psychiatry. It also helps us to account for and comprehend the varied psychiatric approaches with which we began. This is because behaviour concerns everyone during a substantial part of his waking life. We are concerned daily with understanding, accounting for or explaining, and predicting, the acts of others and also of ourselves. To use George Kelly's (1955) terms, each man does this using a repertoire of "personal constructs" which forms a framework providing order and intelligibility to the world as he sees it. A "construct" is more than a word or concept, although it will often have a verbal label, for it is associated—in the traditional terms of dualistic faculty psychology—with affect, drive, attitude, and the other attributes of psychological process.

Constructs are personal, derived from events previously and individually experienced, and similarities and differences with the personal construct systems of others cannot be assumed. An example may clarify what I mean. I dare say that for many of us, persons judged by us to be "intelligent" will also be regarded as more or less "pleasant" and "easy to get on with". However, there are people for whom the construct "intelligent" implies "superior", "untrustworthy" and "nasty". What "intelligent" means to me will not only be related to what I expect of an "intelligent" person but will also affect what happens when I talk with someone else—with their own set of meanings for "intelligent"—about "intelligent" people.

Distalgesic wipes out pain

over and over and over again

DISTALGESIC™
tablets contain 32.5 mg
Dextropropoxyphene
Hydrochloride BP
with 325 mg Paracetamol BP

DISTALGESIC soluble
tablets contain 50 mg
Dextropropoxyphene
Napsylate BP
with 325 mg Paracetamol BP

Further information available on request Dista Products Limited, Speke, Liverpool, L24 9LN
Distalgesic is a trade mark P2072/NOV72

Ethics and Effects

" A knowledge of medical ethics can be picked up on a ward round."

" Medical ethics are the doctor's personal affair based upon his personal beliefs.

No matter how much you agree or disagree with these statements it is well recognised that there is still much confusion about medical ethics. Amongst laymen there persists the notion that doctors must subscribe to a code of ethics which we call the Hippocratic Oath. Doctors, however, think of ethics as either professional etiquette or personal morality. Because of this disagreement on what constitutes medical ethics the London Medical Group has come to describe itself as a student group for the study of issues raised through the practice of medicine and of interest to other disciplines.

No one can doubt that society is deeply concerned not only with the standards of clinical expertise but also with the morality of certain clinical activities. A well reasoned approach to these problems can be attempted through an inter-disciplinary discussion drawing on the experience of the clinician, lawyer, sociologist, nurse, moral philosopher and many other fields.

Ten years ago a group of students set up the L.M.G. to provide the opportunity for informed opinion and intelligent discussion. At first many doctors seemed reluctant to discuss problems of medical morality in front of student audiences. Nevertheless, the increasing awareness that students were keen to have these questions posed and answered, has led to a more positive response by the profession.

Today the L.M.G. functions at several levels. Twice weekly symposia and lectures are held in the 12 London medical schools, admission being free. The average attendance at these is in the region of 90 per event. Study seminars involving small groups, pursuing in-depth examination of particular topics, are held throughout the academic year. The year's activities reach a climax in the annual conference which attempts to collate and disseminate fact, and discuss viewpoint on a problematic topic of current importance. For example, this year's conference will deal with iatrogenic disease.

The arrangement and operation of these activities requires goodwill, money and a competent staff. Financial support comes from the medical schools, numerous companies and trusts as well as individual donations. The organisation of the L.M.G. is based upon a consultative council which is composed of a cross section of medical and non-medical professional opinion whilst the representative council consists of students, nurses and medical social workers from each of the teaching hospitals. Each lecture list is a result of a student critique of the previous year's topics together with the advice of the inter-disciplinary consultative council.

Medical groups based on the L.M.G. have been set up in Glasgow, Edinburgh, Newcastle and Sheffield; indeed there seems no reason why such organisations could not now be established in all centres of medical education.

Whilst there persists strong disagreement on the format that education in medical ethics might take, the experience of the L.M.G. over the last ten years has shown that there is a definite need for a non-partisan, inter-disciplinary approach. If there is a danger in this field, it is when those promoting the "teaching" of medical ethics wish to promote only their own moral viewpoint—be it moralist, religious, humanist or whatever.

The L.M.G. exists specifically to ask questions of all kinds: not to propose solutions. To this end it is run by students of many and mutually opposed views.

Gerry Robbins.

NURSING

Counselling for Nurses

Most people would concede that the inception of the Health Service resulted in improvements of the standards of health care afforded to the public, and that this has made a noticeable difference to our general well-being. One area, however, in which the service has been particularly negligent is in the welfare of its own employees, and especially that of the nurses. These workers, it appears, are not thought to require any facilities apart from those offered to the population at large. The fact that the conditions under which they work are at best difficult, and at worst harrowing, seems to have been overlooked. In addition to this, it is noticeable that where employers do consider the welfare of their employees, as in the case of a certain chain store there is no staff shortage.

One of the most important needs for nurses is to have someone in the hospital to whom they can talk. They do of course come in contact with a large number of persons, but they all represent authority in some way, and students frequently feel that they either cannot or do not wish to discuss confidential matters with them.

In an effort to rectify this situation, certain of the more enlightened hospitals have, in the last few years, employed a nurse counsellor, and thus provided a completely independent person to whom the nurses can go at any time. These schemes, of course, are not without their critics, and even one might say outright opponents. This has been made clear in one hospital, where the title Nurse Counsellor cannot be used, as it is known to be unacceptable to many of the other staff. In order, therefore, to create a sense of false security for the antagonists, a different title has been created. The fact that she is doing a useful job and has proved her worth appears to be no incentive to admit openly what her function is.

Most of the antagonists are, of course, those who have no dealings with student nurses, and who have no insight into the problems which they experience. However, why should the students in universities have the advantage of a very sophisticated counselling service, and not nurses, when the responsibilities and therefore the problems of the latter are much greater?

It is not easy to assess the effectiveness of a counsellor. Statistics cannot be used and so, to anyone of limited intelligence, it is no doubt difficult to appreciate their value. However, to anyone else, working in close connection with such a person, the benefits are patently clear. The service is used very well, and relieves others of a responsibility, of which they may have neither the time nor the inclination to fulfil.

It is good to think that the Health Service has at last begun to consider the welfare of its staff, and not regard them as robots who have no thoughts or feelings that could normally be considered as having any human tendencies. Maybe the time is approaching when the organisation which has done so much to improve the welfare of the population at large, will turn to some inward thinking on a greater scale and attempt to achieve the same for its own employees.

CORRESPONDENCE

Dr. David Stafford-Clark

SIR,—The many friends of Dr. and Mrs. David Stafford Clark will be relieved to know that they are both alive and well. He has written from Nicosia, in Cyprus; unable to return to his house which is now standing in the middle of a fire-gutted forest twenty-five miles North of the Attilla line in the Turkish zone. He says: "our life since the crisis began has been eventful, chaotic, sometimes heroic, often frantically frustrating and uncomfortable." Although, like hundreds of thousands of others, he and his wife are refugees, they intend still to live in Cyprus if they can and will not leave the island "until we have played what parts we can in helping to restore security and stability, and above all, confidence and faith in the humane aspects of the human predicament".

Yours faithfully,

109 Harley Street,
London, W.1.

T. L. T. LEWIS.

"The Place and the People"

SIR,—Through the courtesy of your columns I should like to thank the many members of staff who wished me well on the occasion of my recent departure from Guy's Hospital. In the etching of the entrance to the hospital I shall have a personal reminder of "The Place and the People." The very generous gift cheque will give me a delightful opportunity to search for and acquire a valuable, lasting and appreciative memento of happy years at Guy's for which I thank you all most sincerely.

Yours faithfully,

19 Sarah Swift House,
Kipling Street,
London, S.E.1.

EILEEN QUEALY.

Wolfson House

SIR,—I am sure that your readers are pleased to see from the photograph in the current number of the *Gazette* how much progress has been made with the building of the new students' residential accommodation—Wolfson House. The Dean has stated that a further £450,000 is still required. I hope that those who have not already sent a contribution towards the cost of the whole project will now feel encouraged to give it their financial support.

I am pleased to read the Dean's statement in "Message from the Dean" that rooms in Wolfson House "will be available to all medical and dental students."

Yours faithfully,

F. S. WARNER.

Thumbs up for Toe Transplants

SIR,—I was very pleased to see in the *Gazette*, in "News in Brief", your comment about the unique operation in Australia for the transplantation of a toe to replace one of the digits of the hand.

Guy's Hospital and also the plastic surgeons in this country, are proud that Mr. Clarkson was one of the pioneers in this type of procedure, which in those days involved staged operations of joining the hand to the foot for several weeks before the toe could be safely separated on its new hand blood supply. A formidable task for the surgeon and even more so for the patient.

Now, twenty years later, it is possible to carry out such transplants as a single procedure by means of microvascular suture, rather than have to rely on the staged procedures of the past. This is progress and I am sure that Guy's will continue to lead the field here with the addition to the Consultant staff earlier this year of Mr. John Bowen as second plastic surgeon, he being one of the experts in microvascular suture in this country. It could well be that many toes will jump in one stage to the hand; completely severed digits have already been regrafted and the transference of large areas of skin and fatty tissue as completely free transfers by microvascular anastomosis is a technique which will revolutionise reconstructive surgery in the future.

I do hope that Mr. Gilmore's letter will not stimulate attempts to partake of the pint, holding this with their feet!

Yours faithfully,

79 Harley Street, W1N 1DE. I. W. BROOMHEAD.

Toe/Thumb Transplant

SIR,—I read with great interest the comment in the *Gazette*, 26th Ocober, 1974, about the toe to thumb transplant for Mr. Charles Gilmore.

I can vouch that this was a fully-functional transplant. I was serving at the same time as Mr. Gilmore in 44th Parachute Field Ambulance R.A.M.C./T.A. during the late 1950's. He was a qualified parachutist and well able to perform the duties involved in that activity

Other Guy's men serving at that time who may or may not remember him were Nigel Porter, now I believe, a consultant surgeon in the Brighton area and Andrew Thornton, a consultant anaesthetist in the Sheffield area; I was the dental officer.

Yours faithfully,

6 The Walk,
Potters Bar, Herts. D. HOLFORD, L.D.S., R.C.S.

Why you should find the time to contact the CIS.

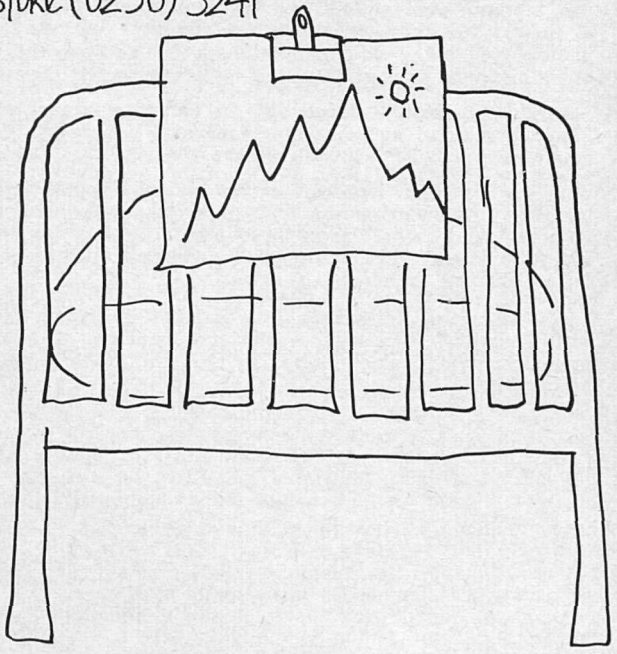
A short phone call from you could unlock 15 years of Lilly experience in the research and development of the cephalosporin antibiotics.

The CIS is the Cephalosporin Information Service created by Eli Lilly to meet the rapidly increasing interest in this important group of antibiotics.

The two major aims of the CIS are to provide regular objective information on many aspects of cephalosporin therapy and to answer queries from doctors, pharmacists, bacteriologists and others concerned with antibiotics.

Why not take advantage of this facility – write or telephone the Lilly Cephalosporin Information Service at

Eli Lilly and Co., Ltd. Basingstoke, Hants. RG21 2XA
Basingstoke (0256) 3241



KZ 23

Liquid Assets

SIR,—As a result of hard work and effort the Students' Bar has become a successful business, but maintaining this situation is increasingly difficult because of non-payment of bills by the Medical School. Our suppliers are not being paid. Bills are outstanding for August to all our suppliers. Watneys have already ceased to trade with us because of overdue bills and they are not the first firm to have done so as no company today will wait months for payment.

It is undesirable that the name of Guy's Hospital should be connected with bad payment. This is surely an unnecessary situation as over £5,000 in "bar takings" has been paid into the bank since the 1st August together with approximately £1,700 net profits from the previous financial year. This poses the question—why can't these outstanding accounts be paid? Has the money been otherwise used or is it just the inefficiency of the Accounts Department?

These questions need to be answered if the Bar is to continue to be run successfully with a range of stock students expect, and at prices they can afford.

Yours faithfully,

East Wing, Guy's Hospital. D. I. MCMILLAN (*Bar Committee Member*).

Biennial Dinner

SIR,—My first attendance at the Biennial Dinner was not awesome, just rather sad. Older faces met older faces and occasionally met younger faces too. I was never a conspicuous student and that is why most faces looked through mine!

I said it was sad not because of my own situation but because there was "Guy's" gathered in all its glory; those men who had profited medicine in this country were rightly successful and yet were so successfully unaware of the terrible sickness in their own hospital. A joke was made that we had just escaped being called "Southwark General" in the massive disorganising reorganisation—perhaps it would have been better if we had.

I learnt about the shortages in Guy's; shortages of Ancillary Staff and Nursing Staff; of agency workers and trade unionists more active here than in my own provincial hospital in the West.

The National Health Service disease seemed to have struck my old hospital more voraciously than other hospitals. Someone in considerable authority told me sadly that Guy's would never be the same again. There was little sign of degeneration in the Connaught Halls amongst those well-fed faces—but was there?

Working as an S.H.O. with a large mortgage for a small house and with a working wife it was a pinch to come 180 miles to London. No others in my year had come this far. I was faithful this year but can I afford to be in 1976?

Yours faithfully,

10 Avonale Road, ADRIAN ROGERS.
Exeter, Devon.

BOOK REVIEWS

"Diagnostic Procedures in Medicine" by M. Gelfand. Pp. 374. Price £6.50. Butterworths.

This is a basic textbook written by an author widely experienced in general medicine. It is a personal account and the frequent use of the first person singular often makes interesting reading and avoids impersonal equivocation. The author also conveys a sense of passion for clinical medicine which is refreshing and makes the text readable. The strength of this book lies in the comprehensive personal account given by an experienced clinician but therein lies the book's weakness. This is not the book for those who prefer a cool, dispassionate and critical approach and the text is often lengthy, discursive and anecdotal but its style is likely to appeal to many readers.

Let's put aside questions of style; the contents also leave much to be desired, particularly when he strays into specialist investigations. The author correctly includes history and examination as diagnostic procedures; a persistent cough, hepatomegaly and hypoglycaemia are alike in kind and this allows him to teach from his wide clinical experience, but the overal effect is to unbalance the contents. The comprehensive clinical and laboratory approach striven for by the author would have been best served by a larger, more expert book. Another approach would have been to concentrate on a smaller single author account of either clinical or laboratory diagnostic procedures and this book would still have retained its excellent individual clinical flavour if the contents relating to specialist laboratory investigations were cut back. The illustrations and tables are often over-filled with information and are a weak feature of the book and the index is rather skimpy.

The assertive, didactic style and ambitious aim of this book makes it open to criticism but this does not detract from the fund of clinical knowledge to be found in the tables and text.

T. J. H. Clark.

"Adventure in Psychiatry" by Denis V. Martin. Second Edition, 1968, Paper cover edition, 1974. Pp. x + 219. Price £1.50. Faber and Faber.

This book first appeared in 1962. It was an account of the transformation wrought in a mental hospital by the phoenix of a "therapeutic community" approach out of the ashes of a large traditionally custodial institution. The hospital was Claybury, north of London, and Denis Martin was its superintendent.

Therapeutic communities and modes of practice associated with them have developed since the second world war but in essence are nothing new, representing a return to the humane caring for the insane characteristic of early nineteenth century "moral therapy", which gradually disappeared (for reasons which are unclear) as the large Victorian asylums flourished. Nowadays, therapeutic community units tend to be distinguishable from other psychiatric arrangements in terms of the time spent by staff and patients in meeting in groups and talking about what they are doing and why, and in terms of the substantial authority exercised by patients. Therapeutic community practices assuredly have much to contribute to other psychiatric facilities.

The present edition adds a brief summary of research results to the earlier one, and remains essential reading for anyone interested in human relations within institutions or in the hospital treatment of psychiatric disorder. This book need not be on the reading list of a student compelled to restrict his psychiatric learning to a minimum.

J. P. Watson.

"Anatomy of the Head and Neck". George H. Paff, Ph.D. Pp. 235. Price £5.70. 360 figures. Saunders, Philadelphia and London.

This book, as the title suggests, is intended for a number of special branches of medicine and not primarily for the undergraduate, and there is no doubt that the ophthalmologist will find the section on the eye, and the E.N.T. surgeon the sections on the ear, pharynx, tonsillar region, nose, etc., very useful. There is, however, too much detail for the present course in the basic medical sciences.

The book is based on lectures and the author has made little attempt to change what must have been very good, informal lectures into a formal book. The result is a little disconcerting at times. There are many "nutshells" which are attempts to summarise nervous or arterial pathways. He writes (p. 172) "In effect the lingual nerve doublecrosses (sic!) Wharton's duct". (The reviewer knows an unprintable version of this.) There are instructions on how to make a model larynx with a piece of garden hose, a piece of wood, "a hard book cover of the type used by Grant's Atlas of Anatomy", another piece of wood, some tacks, two flathead nails. a drill, etc. He points out (twice) that the vascular bed of the nasal mucosa is erectile tissue and "as such responds to stimuli which lead to erection of penis or clitoris". It is suggested by the reviewer that one should sit and think about this.

Because the book is based on lectures there are several very good reproducible diagrams which many teachers could use, e.g. Fig. 98 for the relations of the parotid gland, Fig. 345 for the structure of the larynx and Fig. 347 for the muscles of the palate and pharynx. The chapter on the eye is particularly good.

Only a few of the figures are properly labelled. Most have the initial letters of structures or numbers which appear in the text. Some are given with no labels and the reader is asked to add the labels. This can be a good exercise and indicates the type of book one is dealing with.

There is no doubt in my mind that many graduates would find this a useful book for learning and revising the gross anatomy of the head and neck, both for examination and teaching purposes.

J. Joseph.

"Lecture Notes on Cardiology", 2nd. Ed., 1974. J. S. Fleming, M.D., and M. V. Brainbrige, F.R.C.S. Pp. 326, Price £3.00. Illustrated. Blackwell Scientific Publications, Oxford.

The series of Blackwell's Lecture Notes is popular with students for many reasons. They have a concise and direct approach to the individual titles and moreover their splendid production leads to a most readable textbook. This volume is no exception. Its object is to present as clearly as possible the present-day management of heart disease including diagnosis, prognosis and treatment, both medical and surgical. The book will appeal especially to those interested in congenital heart and acquired valve disease and the surgical treatment is presented lucidly. Subjects such as coronary and hypertensive heart disease have not been allocated nearly as much space, perhaps due to the slower progress in their recognition and treatment and also due to their extensive coverage in standard medical textbooks. Even so, the appetite was whetted enough on these themes to make one think the authors may have included more on the medical treatment of these more common heart diseases. Although this is questionably the only disappointment in this book, the opening 64-page chapter on the diagnosis of heart disease and the excellent second chapter on its complications provide a sound basis for understanding the more specialised lesions and their haemodynamic peculiarities. The book is reasonably priced to ensure it to be recommended to a wide readership.

C.E.H.

"Handbook of Histopathological and Histochemical techniques". Third Edition. C. F. A. Culling. 712 pp. Illustrated. Price £8.50. Butterworths, London.

Previous editions of Culling's compendium of histological and related techniques have been valuable summaries of methods commonly used in routine and research laboratories. A new and revised edition of this work is therefore a welcome arrival. The reader will be glad to find many of the more recent developments in the fields of histochemistry, fluorescence microscopy and exfoliative cytology, amongst other areas of interest described in this text. This book also includes between its covers chapters on the theory and practice of microscopy which have been published separately as a paperback, as reviewed above, and also gives a brief description of simple museum techniques.

No single book can completely satisfy all needs; and a work of this type, whilst giving an excellent overall coverage of the subject, must inevitably reflect to some extent the research interests of its author. Carbohydrate histochemistry, for example, receives a very full treatment, whilst the central nervous system is deprived of some of the important research methods such as the Golgi impregnation and terminal degeneration techniques. The introductory section, dealing with cell structure, is also perhaps less than adequate even as a scene-setter: what is a crystallised protoplasm for example? And the use of the term "ground substance" as an alternative for "cytoplasm" is less than helpful. The illustrations to this section could also with advantage be revised or replaced. However, as an overall view of histological and histopathological techniques this book is undoubtedly excellent value for money, and will take its place worthily alongside other classic texts on this subject.

L. H. Bannister.

"An Introduction to Clinical Medicine" by R. R. H. Lovell, M.D., F.R.C.P., and A. E. Doyle, M.D., F.R.C.P. Pp. 178, Price £1.85. Published by Melbourne University Press.

Starting on the wards after 2nd M.B. is a large step forward from the academic work which one has done up until then, and the clinical student is aware that he will have to clerk patients. The first clerking is usually a lengthy procedure and one is apt to leave parts out.

This book gives a comprehensive survey of how one should set about clerking a patient, starting with history-taking and progressing to examination. However, with the introduction of "Problem Orientated Notes" the section on history-taking is not as useful as it may have been a few years ago, and a systematic questioning of patients has now been drawn up as a sheet which one uses (although one should not always rely on these being present on the wards!).

The section on Physical Examination of the patient is very useful, especially the chapter on the Nervous System, and the examination is laid out in the time-honoured fashion of Inspection, Palpation, Percussion and Auscultation. After each manoeuvre one is given an interpretation of the signs elicited.

This book is recommended to be read before entering the wards. It is easy to drift through in a couple of evenings but perhaps the price may dissuade some students from buying this slim volume.

J.S.F.F.

SPORT

Sports Commentary

The autumn of 1974 is not proving to be a time that many Guy's clubs will want to remember. Browsing through lists of results, only the Squash Club seem to be doing no worse than in previous years. The Rugby Club 1st XV are still seeking their first win and Terry Gibson's reports which appear later provide constructive criticism and give credit where credit has been due. The Artists XV started off well in early October, but since then seem to have been unable to score. Similarly the Soccer Club started off with a netful of goals in their first U.H. League match, and along with a number of cancellations have gone down to St. Mary's and Middlesex Hospitals, scoring two goals and conceding seven. The Hockey Club 1st XI are finding life tougher than expected in the Truman North Kent League's third division and have had a number of erratic results. To rub more salt in the wounds, they were eliminated from the U.L. Cup on penalties by their jinx opponents, London Hospital, after the score was 2—2 at full time. The 2nd XI seem to be lacking in goals, but have had a number of close games. The 3rd XI speaks for itself and a report appears in this section. The Squash Club have won more than they have lost, something that never usually happens before Christmas. The annual Sussex Tour took place in the last week-end in October and as usual the Club was well looked after at "The Thatchings", though in none-too-happy circumstances. It is tragic that many sports clubs stand to lose so many contacts in the Bognor area when "The Thatchings" closes, not that this thought will find the money to keep the house going.

In spite of the rather bleak picture that has been painted, there has been no lack of after-match socialising or general enjoyment—it is surprising to find the number of clubs who will give an annual fixture whatever the sport, whatever the result of the last encounter, provided they are well entertained afterwards. (Obviously this diminishes with the higher standard of competition.) Nevertheless, for the cynics, many of whom are non-sporting, and they do exist, who believe that sports reports with details of what drinking was done is irrelevant, this may come as a surprise. To them, the Sports Clubs apologise but stress that their pleasure gained in entertaining must equal that gained in criticising by their more adult counterparts.

HOCKEY CLUB

Spirochaetes vs. Polytechnic

Sunday, 20th October, played at Chiswick.

Result : Lost, 4-2.

The first Spirochaetes' game of the season against alien opposition materialised on a cold and showery day. Most people had appeared in the East Wing on time but Paul Willmer still gets it muddled with the "Old Miller of Mansfield". Two big fears during the morning were that there would not be enough cars to transport us to Chiswick and that there would be no pads and kickers. As luck would have it, four cars appeared and we could have played with four protected goalkeepers! A pre-match beer at "The City Barge" was consumed to dull reflexes, and the discovery that the clubhouse at the ground was not going to be open dulled them even further. Consequently we brought twenty-five bottles of Light Ale from an open-mouthed barman, and the request for a box to carry them proved, I think, just a little bit too much.

The game started a little after 3 o'clock on a mushy pitch and it was soon evident that the sides were to be fairly evenly matched. It was the Spirochaetes who came near to scoring first when Rich Steele shot just wide from a difficult angle on the left. However, a quick break by the Polytechnic soon afterwards gave them the lead with a beautifully taken shot set up by a cross from the right wing. Five minutes later a clearance upfield left Paul Willmer with the ball at his feet and a back and the goalkeeper to beat. This he did very competently. Polytechnic came back quickly and were

unlucky not to score straight from the bully-off, although they did take the lead with a goal which the Spirochaetes defenders will claim was unfortunate. Again the "Spiros" came back and a superb run by Steve Flint on the left wing, beating most of the "Chiswick Electorate", left Angus Kingon with a shot that even he would have found difficult to miss. Just before the break, Polytechnic went ahead again. In the second half, "Spiros" created many chances that all went astray and gradually Polytechnic began to fester around the Spirochaetes goalmouth, and they scored a well-taken fourth goal. The gratifying thing about this Spirochaetes performance is that everybody tried hard; Paul Willmer was unlucky twice with one shot that beat the goalkeeper from the edge of the "D" and hit a post, and another of which a rugby place-kicker would have been proud.

As there was no refreshment we went back to H.O.P. where the U.H. trial had taken place. Particular thanks to Tim Baylis who came and umpired single-handed; it was a filthy job well done. Also thanks to Mark Epps who came in two hours before the match and to Mark Harris for clearing off the line.

Discipline : Paul Duckworth—1 jug for not wearing a Spirochaetes tie (bought after persuasion).

Team : S. Martin, P. Duckworth, M. Harris, M. Epps, D. Cole, D. Greaves, M. Bennetts, A. Kingon, P. Willmer, S. Flint, R. Steele.

A.M.K.

The Third Eleven

It is three autumns now since Guy's (and indeed British) hockey was first made aware of a new era. An era of undying enthusiasm, steadfast team spirit, and above all a standard of poor to moderate hockey, which soon grew out of a handful of unskilled players into a team of such depth that sometimes the 2nd XI couldn't get eleven men.

This team, under the leadership of such incredible tacticians as Weedon, Hodgkinson, and last year Bell, grew from weakness to weakness, taking on incredible odds and losing by incredible margins. Last year, however, this team reached its peak, or so it seemed, winning four games and drawing another four. The question people have been asking all summer—"Where do they go from here?" The answer was—to Maidstone where they lost four weeks ago 8—0.

Hearts sank all over the hospital and some of the team were so shaken that they decided to chuck it all in and take finals instead. The loss of Hodgkinson, Pigot and Hirgi was a sad blow to the team and, coupled with the departure of Bell and Kingon (dropped to the 2nd XI) and Crozier, still in Africa, the 3rds had to find new blood. They found it in four or five freshers (three of whom, I feel it should be stated now, live in a place called Cranston Road), and three of the more senior members in our community.

However, two more disappointing games elicited results of 4—0 and 3—0, the latter of these against H.A.C., one of their easier victims of last year.

The turning point came at last, on 2nd November, against the London Hospital, away. Steel and Dunn with heavy Fewster together up front for the first time (could this explain Tewater's pulled groin?) were ably assisted by new men Kaspar, Jones and Maxted, and scored four goals between them, missing several more. In return the London were only able to slip one consolation goal past McArthur.

The midfield, so often a weak point in the team, was commanded by Wes-I-hope-the-2nds-don't-get-to-hear-of-him Smith, Stuart-Bennet and Horne. The other Smith (the one with the Hat thing), inspiring his team from the back with Gwinnett, was heard to say after this pleasing performance "Who was Tom Bell anyway?".

The next few games may provide slightly sterner opposition than this but I can't seriously envisage anyone putting more than seven or eight goals past the 3rds this year.

A.J.S.S., C.R.

Team : Smith (capt.), Martin, McArthur, Gwinnett, Hodgkinson, Smith (W.), Stuart-Bennett, Vallis, Horne, Dunn, Jones, Kaspar, Bennetts, Fewster, Steel, Maxted, Crozier.

(The following week, the 3rd XI conceded ten goals—Ed.)

LADIES' HOCKEY

Guy's 2 — King's College 0

30th October, 1974, at Colliers Wood.

After a delayed start both teams started uncertainly. Our team had not played together before and spent the first half getting to know each other's play. Most of the game was on the left side and was confused.

After half-time we were playing down the slope. Early on Catharine Irwin scored the first of her two goals. The Guy's team played much better in this half. Especially notable were Julie Sanderson and Catharine Irwin but a valiant and much appreciated effort was made by everybody.

Team : Marian Watson, Pat Reynolds, Helen Herbert, Gillian Trounce, Julie Sanderson, Caroline Daniel, Dinah Tetlow, Christine Smith, Catharine Irwin, Angela Rumble, Christine Buckley.

G. T. and C. S.

SOCCER

U.H. Cup—Guy's 3 — Charing Cross 2

Played at H.O.P. on Saturday, 16th November.

A brilliant performance by Guy's Hospital on Saturday secured them a quarter-final place in the U.H. Cup.

Every player in the Guy's side played faultlessly after Charing Cross took a shock first-minute lead. Right from the kick-off Charing Cross won the ball, caught Guy's cold and scrambled the ball into the back of the net. Instead of being dispirited Guy's rose above themselves to play a brand of fast and accurate soccer that completely outclassed the opposition. In midfield, Wilson, Coley and Collett were outstanding, setting up many chances for Evans, Underwood and Vincini up front. Only bad luck prevented Guy's from equalising during 20 minutes of relentless attacking. Several shots from Coley went narrowly wide. Evans, with an open goal to aim at, headed over the bar from six yards out. A brilliant thunderbolt shot by Dave Kipling from 35 yards crashed against the underside of the bar with the goalkeeper hopelessly beaten. Finally Trevor Underwood equalised with a well-taken shot which the goalkeeper could only parry into his own goal. Ten minutes later, Steve (Luigi) Evans received the ball and coolly slipped it under the goalkeeper's body to give Guy's the lead and redeem himself for his earlier follies in front of goal.

Half-time : Guy's 2, Charing Cross 1.

In the second half Charing Cross came forward, attacking strongly. After 55 minutes they won a free kick and equalised with a fine headed goal that gave Cole, in goal, no chance. Guy's looked shaky for a short spell until the tall, striding, elegant, captain, Underwood, restored their lead after 70 minutes with a deflected goal.

For the last 20 minutes Guy's withstood tremendous pressure as Charing Cross sought an equaliser which was not to come, due to a magnificent defensive display. Greg Tamlyn was outstanding as the man-of-the-match. winning everything in the air and his brilliantly-timed tackles thwarted many goal-scoring chances. The massive bulk of big Cliff Murch was just another reason why Charing Cross couldn't score any more goals. His ability in the air, cool distribution and big-boot clearances played a major rôle in this Guy's victory! The full-backs, Brame and Kipling, tackled hard and accurately throughout and the wingers they were marking must still be nursing their wounds. In a closely contested Brame v. Kipling match it was Kevin Brame who won the foul-of-the-match award in the end with a superbly-timed late tackle that sent his winger three feet into the air. As he turned round from the heaped mass of crippled dog-bones that was all that remained of the ex-winger, Kevin Brame's evil smile spelt out his thoughts "Dave Kipling won't ever beat that one".

Thus Guy's sealed a great victory in a hard match, on the grounds of an all-round team performance that was a pleasure to watch.

Team : Cole, Brame, Tamlyn, Murch, Kipling, Wilson, Coley, Collett, Evans, Vincini, Underwood.

R. Cole.

1st XI vs. St. Thomas's Hospital

U.H. League. 16th October, 1974. Won 6—2

Guy's made a magnificent start to their league programme with a fine second-half thrashing of St. Thomas's Hospital. In the first half, however, it was St. Thomas's who made most of the running and they opened the scoring with a goal after ten minutes. Guy's had a few goal-scoring chances but were lucky not to be further behind by half-time.

The second half was a completely different story with Guy's dominating throughout. It was Wilson who equalised shortly after the restart and Evans scrambled in a second soon afterwards. St. Thomas's came back with an equalising goal from a free kick given away by Roger Cole. After a period of unsteadiness, Guy's went further ahead through Evans with a fine right-footed shot into the corner of the net. The fourth Guy's goal came from Sheridan who scored direct from a corner kick. Evans made it 5—2 from the penalty spot, and Wilson scored the last goal with a well placed shot ten minutes from the end.

It has been said that Evans is greedy and cannot pass the ball——well, it's true!

Team : Cole, Kay, Trotter, Sheridan, Tamlyn, Wilson, Underwood (capt.), Karani, Miller, Vincino, Evans. Sub.: Dickson.

1st XI vs. Magdalen College, Oxford

2nd November, 1974. At Oxford. Won 6—2

This mid-season friendly leapt to a poor start when Cole, the Guy's goal-keeper, became too enthusiastic in grasping the ball and conceded a penalty. However, it did not take Guy's long to equalise when Vincino scored in a goal-mouth scuffle, and Evans put Guy's ahead; 2—1 is how it remained at half-time. Mention could be made of Tamlyn's "Dougan-type" header which was disallowed for pushing; perhaps the referee's aesthetics did not aspire to Bowie's music! Magdalen's play in the first half was very unimpressive, and the torrential downpour made the pitch tricky. Evans' tank-like dynamism was rewarded again after the start of the second half when he converted a good cross from Redfern, and Vincino made it 4—1 after a scramble on the goal-line. Although Magdalen's forward play was much faster and more positive in this half, the Guy's defence of Tamlyn, Owen, Wilson and Kipling matched it well. A Guy's appeal for offside was unheeded and resulted in an easy through goal for Magdalen. Later, Dickson took a pass from Evans and netted with a lob from outside the goal area; this was followed by shouts of "fluke" from the Guy's players and "he's their secret weapon" from the opposition. The final Guys goal came from a penalty scored by Evans after a hand ball on the Magdalen goal-line.

This was not a typical away performance. The bunching may have been exacerbated by the soggy pitch, and more shooting practice is required. Finally, we should like to thank Magdalen for their hospitality and entertainment which made this Oxford trip so enjoyable.

Team : Cole, Forgacs, Tamlyn, Owen, Kipling, Wilson, Underwood, Redfern, Miller, Vincino, Evans, Dickson.

Dave Dickson.

SKI CLUB

The club meets every monday evening at Alexander Palace Ski Centre, London, N.22. At 7 p.m. there is a ski film, at 8.15 p.m. an intermediate stage lesson and at 8.30 p.m. a lesson for beginners. Further lessons at both stages may be arranged for other times. For both courses, the total cost of 5 hours tuition is £5. For students wishing merely to practice, 1-hour sessions including the hire of equipment cost 60p.

The club has other projects. Skiing holidays in Italy can be arranged at reduced prices and it is hoped that both a team and individuals will enter the British Universities Ski Championships at Aviemore next April. In addition a trip with the Imperial College Ski Club is to be arranged. For further information contact N. P. Dunning, c/o East Wing.

RUGBY

1st XV vs. Oxford

26th October, 1974. At H.O.P. Lost 4—39

This correspondent finds it difficult to write something original or optimistic about the first fifteen performances to date. It is strangely ironic that at a time when a large body of older and experienced players is available, that the club is in danger of foundering in apathy. The results of the first fifteen have engendered a low morale that may prove difficult to reverse this season.

On careful reflection it is apparent that heavy defeats are not unknown to Guy's and in the past the club has rallied, producing surprising victories in the same or successive season. With the value of hindsight, it is probable that the pessimists will be again confounded and indeed, during the game against Oxford there were glimmers of excellence.

In a sense, the results reflected the low spirits of the side. Oxford scored nearly 20 points in the first quarter of the game while a bemused Guy's side offered a confused defence. As the game progressed, however, the hospital forwards warmed to their task and won more than a fair share of possession from tight and loose play. The backs disappointed continually in that they always looked poorly co-ordinated and could rarely mount an attack that looked like leading to a try. Similarly their defensive play left something to be desired and the back row must also take some responsibility for this. Portelly, at scrum half, by no means naturally adapted to this position, covered with some energy and spent as much time tackling as passing. Emery made a few half breaks but these usually failed to make any impression on the opposition defence although he scored Guy's only try. On the whole, too much possession was kicked away.

Amongst the more encouraging signs was the relative success of the forwards and their new-found vigour. Even so, their rucking was piecemeal and there remained a tendency to grapple with larger forwards with the ball held aloft.

Another disappointing result but an improving performance. With more hard work, more comprehensive attendance at training sessions and the continued support of those of goodwill, the first fifteen must improve and with it the general well-being of the whole club.

Team : M. Broughton, T. Stanley, A. Campbell, P. Emery, A. Portelly, R. Moore, M. Portelly, P. Loxton, J. Brazier, L. Hughes, J. Stoneham (capt.), J. Fitzgerald Fraser, R. Massey, T. Gibson, S. Challacombe.

T.G.

1st XV vs. Streathm-Croydon

9th November, 1974. At H.O.P. Lost 3—19

At last a team is beginning to take shape. Playing with more spirit and commitment, the hospital produced a creditable performance against a club enjoying a good season. The pack relished their role and for once capitalised on their experience. In the loose they rucked and spoiled profitably and even the line-outs provided clean possession through the efforts of Massey. The back row covered well and Brazier excelled in attack.

A fundamental weakness remains at half back, where Portelly at scrum half has struggled manfully in a position where he has limited experience. Misunderstandings in this area led to at least one try by Streatham. Even so, the covering and tackling of Portelly was superb and was matched only by the efforts of his brother, Tony Portelly, on the wing. Generally, the tackling of the backs was superior to that seen in some earlier games but an inability to convert useful possession to points was as evident in this match as on previous occasions. The return of captain John Harker should help encourage a greater sense of direction and co-ordination amongst the backs. To him and many other players must go credit for their continued efforts to prevent the spread of apathy in what has been a most difficult if not desperate phase of the club's history.

Team : J. Harker (capt.), A. Campbell, M. Broughton, P. Emery, A. Portelly, R. Moore, M. Portelly, J. Rooke, J. Brazier, P. Loxton, J. Fitzgerald Fraser, J. Stoneham, C. Howell, T. Gibson, R. Massey.

T.G.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st December, 1974

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton	Mrs. E. J. Stearns *3 months* Mr. D. J. Scott *3 months* Mr. A. J. Cook *6 months*
Dr. Hardwick, Prof. Trounce, Dr. Cameron,	Mr. P. R. Willicombe *3 months*
Dr. Ogg and Dr. Grahame	Mrs. J. M. A. Haworth *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Mr. J. G. Prior *3 months* Mr. M. Momen *6 months*
Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling	Mr. A. M. Weindling *3 months* Mr. N. J. White *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis	Mr. F. T. Cordingley *3 months* Miss A. E. Dick *6 months*
Mr. Lawrie, Mr. Beard and Dr. Winter	Mr. K. N. Bullock *3 months* Mr. H. D. T. O'Donnell *6 months*
Mr. Glover, Mr. O'Flynn and Mr. McArthur	Mr. P. N. Plowman *3 months* Mr. J. E. M. Fox *6 months*
Prof. McColl, Mr. Rendall and Mr. Bewick	Mr. P. G. Reasbeck *3 months* Miss J. M. Krafft *6 months*

Gynaecological House Surgeon

Mr. R. K. J. Forber *3 months*
Miss P. A. Godfrey *6 months*

Throat and Ear House Surgeon

Mr. M. P. Stearns *3 months*
Mr. B. S. Avery *6 months*

Orthopaedic House Surgeons

Mr. N. J. Odom *3 months*
Mr. D. H. O. Lloyd *3 months*
Mr. R. C. B. Odgers *3 months*

Genito-Urinary House Surgeons

Mr. R. J. Mann *3 months*
Mr. R. J. Bowering *6 months*

S.H.O. to the Renal and Transplant Unit

Mr. P. J. Harrison *3 months*
Mr. W. A. Stubbs *6 months*

Children's House Physicians

Miss P. M. Curran *3 months*
Mr. P. J. Loxton *6 months*

Casualty Officers

Mr. R. B. Kinder *3 months*
Mr. K. Clifford *3 months*
Mr. P. Ranger *3 months*
Mr. W. H. Konarzewski *3 months*
Mr. N. J. Marks *6 months*
Mrs. V. Pearson *6 months*

Resident Obstetrician

Mr. C. H. Zuckerman *4 months*
Mr. F. P. Jackson *6 months*

Neurological House Physician

Mr. T. Kidger *3 months*

Dermatological House Physician

Mr. W. A. C. McAllister *3 months*

House Physician in Child Psychiatry

Miss R. Laurie *6 months*

House Surgeons to the Thoracis Unit

Mr. J. J. Oram *6 months*
Mr. I. D. Learmouth *3 months*

House Physicians to the Department of Psychological Medicine

Mr. J. S. Strang *3 months*
Mr. P. Van Boxel *3 months*
Miss P. Early *3 months*

Resident Anaesthetists

Mr. G. J. Baldock *3 months*
Miss A. Okou *3 months*
Mr. P. Gartell *3 months*
Mr. D. M. Gillman *6 months*

Senior House Officers to Nuffield House

Mr. J. Miller *3 months*
Miss S. J. Brown *6 months*

Children's House Physicians at the Evelina Hospital

Mr. B. Fisher from 1.8.74 — 31.1.75
Miss M. Munir Ahmed from 1.10.74 — 31.3.75
Miss M. P. McCollum from 1.12.74 — 31.5.75

Casualty Officers at the Evelina Hospital —Part-time

Mrs. P. M. Rogers *3 months*
Mrs. M. Victor-Beza *6 months*

ST. OLAVE'S HOSPITAL

House Physicians	Mr. P. A. N. Hutton *3 months*
	Miss A. Ouyang *6 months*
House Surgeons	Mr. J. G. C. Wright *3 months*
	Mr. J. G. Ayres *6 months*
Gynaecological House Surgeon	Miss G. R. Uma Bai *3 months*
S.H.O. in Psychiatry	Mr. T. R. E. Barnes *3 months*
	Mr. P. J. Leiberman *3 months*

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology	Miss M. C. Dick *3 months*
	Mr. S. G. Edmondson *3 months*
	Mrs. J. J. Pascoe *6 months*
	Mr. R. P. Fitton *6 months*
Orthopaedic House Surgeon	See under Guy's
S.H.O. to the Rehabilitation Unit	Mr. D. J. Doyle *3 months*

BECKENHAM HOSPITAL

House Physician	Mr. M. J. O. Coe *3 months*
	Mr. R. S. Armstrong *3 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Thomson	Mr. P. R. Kettle *3 months*
House Physician to Dr. Eliot, Dr. Colover and Dermatology	Mr. L. D. Culliford *3 months*
House Physician to Dr. Mallinson	Mr. A. W. Ellis *6 months*
House Surgeon to Mr. Williams, Mr. Park and Mr. Stoker	Mr. C. J. K. Ellis *3 months*
House Surgeon to Mr. Williams, Mr. Park, Mr. Stoker and Mr. Candy	Mr. S. C. Callender *6 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. J. M. Haworth *6 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. P. E. Lewis *3 months*
	Miss S. E. Comrie *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr. G. W. Bergman *6 months*
House Physician to Dr. Roberts	Mr. M. Lim *6 months*
House Physician to Dr. Llewellyn-Smith	Mr. J. Richardson *3 months*
House Physician to Mr. Lynn Evans	Mr. G. B. Tobin *6 months*
House Surgeon to Mr. Ivo Smith	Miss D. P. Carter *6 months*
House Surgeon to Mr. Monty	Mr. W. N. Trethowan *6 months*
House Surgeon to Mr. Le Brun	Mr. D. J. Brown *3 months*
House Surgeon to Mr. Cavendish	Mr. C. B. Howard *3 months*

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Thomson and Dr. Mallinson	Mr. G. M. G. McClure *3 months*
	Miss A. Z. S. Rohatiner *6 months*
House Surgeon to Mr. Candy and Mr. Stoker	Miss H. J. Gilford *3 months*
House Surgeon to Mr. O'Flynn	Mr. R. H. M. Williams *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. R. S. Armstrong *6 months*
	Miss S. A. Gallagher *6 months* commencing 7.12.74
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Mr. B. G. Whiteside *6 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. C. C. De V. Crawshaw *6 months*
House Surgeon to Mr. Walker-Brash, Mrs. Glasspool and Dermatology	Mr. C. G. Chinery *3 months*

PEMBURY HOSPITAL

House Surgeon	Miss H. Dow *3 months*
	Mr. L. I. Sireling *6 months*
House Physicians	Mr. L. D. Ross *3 months*
	Miss F. M. M. Rochford *6 months*
	Mr. C. M. V. Wright *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. C. R. Pascall *3 months*
	Mr. J. G. H. Pearson *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. B. D. Rix *6 months*

GUY'S HOSPITAL NURSES' LEAGUE

THE SIR COSMO AND LADY MABEL BONSOR SCHOLARSHIP 1975, value £400, is awarded to Members for post-registration study at home or abroad. Applications should be made to The Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital, by the 31st December, 1974, with details of the Course or Study to be undertaken.

BIRTHS

WASS: On Wednesday, 23rd October, 1974, to Valerie and John, a daughter, Katherine Louise.

ENGAGEMENT

The engagement is announced between Dr. David A. Rosenberg of Roedean Crescent, Brighton, Sussex, and Miss Maureen L. Elliman of Co. Dublin, Eire.

MARRIAGES

The marriage took place in Croydon, Surrey, on 9th November, 1974, between Peter Blake and Pamela Moffat, S.R.N. (Guy's).

The marriage took place in Aberystwyth, Wales, on 16th November, 1974, between Michael Bourne and Susan Roberts, S.R.N. (Guy's).

CHANGES OF ADDRESS

Mr. C. A. Brooks, 82 Honington Rise, Honington, Bury St. Edmunds, Suffolk, IP31 1EE.

Mr. and Mrs. C. Peter Mills, Kyme News, *Newton Kyme, Nr. Tadcaster, Yorkshire*, LS24 9LR.

Dr. J. H. Newman, 20 Lowdham Lane, Woodborough, Notts, NG14 6DC.

PERSONAL

DENTAL ASSISTANT/ASSOCIATE wanted any time now, Welling, Kent. Well established family practice, Guy's Principals. All modern equipment. 101 High Street, Welling, Kent. Phone: 01-303 4545.

FOURTH PARTNER, graduate of a British University, required by Group Practice in Banstead, Surrey. Privately owned premises, equal rota, full secretarial staff, excellent remuneration. Dr. J. K. Smallshaw and Partners, Longcroft Clinic, Woodmansterne Lane, Banstead, Surrey.

GUILDFORD. Dental Partnership requires colleague to take over from senior Guy's partner retiring in due course. Associateship, expense sharing or partnership. Commencing full or part-time. Guildford 73282.

PARTNERSHIP OFFERED: Guy's three-surgery practice requires two partners to take over a one-third share of a fully equipped and staffed freehold practice. Five minutes M4, easy commuting Wye Valley and countryside. Box 1/10.

REPLACEMENT PARTNER sought due to retirement, in compact seaside practice. Modern health centre facilities (built 1973). Good rota system. Dr. Andrew Murphy, 8 Murray Road, Selsey, Sussex, PO20 9AR.

S.W.16—ASSOCIATE ASSISTANT required in mainly N.H.S. practice. Modern equipment in a pleasant surgery. Chairside assistance. Clinical freedom. Phone: 01-764 4340.

THREE ESTABLISHED G.P.s seek fourth partner under 33. G.P. experience and D.Obsc. or qualification essential. Parity two years after short mutual assessment. Please write further details—Drs. E. C. Lewis, K. Kelly, J. V. Sowton, 105 Station Road, Redhill, Surrey, RH1 1DW.

ALFRED RYCROFT SCHOLARSHIP

Students in their final year are invited to apply for an award from the Alfred Rycroft Scholarship Fund to enable them to spend one month during the summer of 1975 at a dental school overseas, such as Tufts (Boston), or the State University of New York at Buffalo.

The value of the scholarship is likely to meet the cost of travel, board and lodging. It should be noted that successful applicants may be required to act as hosts to exchange students from abroad.

Application forms may be obtained from the Dean's Office and should be submitted by 14th December, 1974.

The Sub-Dean of Dental Studies will be pleased to discuss the matter further with any student who is interested and an appointment can be made to see him by ringing ext. 672.

PASS LIST

UNIVERSITY OF LONDON

Ph.D.

August, 1974

E. O. Anosike (Enzymology)

M.Phil.

August, 1974

P. K. C. Rajasingham
(Oral Medicine and Pathology)

Preliminary Examination for studies in Medical Subjects

June, 1974

M. D. Broughton	Diane James
H. S. Cairns	J. P. O'Hare
M. D. Dixon	Ann M. Skelly
L. O. Hughes	*Susan M. Wheeley*

The following General Certificate of Education Candidates have qualified for exemption from the Preliminary Examination

M. D. Boote	T. P. Keay
D. R. Burton	Jenny Knight
Sharon Cain	R. W. Laws
Susan M. Clarke	A. A. Matheson
M. Davies	S. Myers
V. Deuskar	J. Pearson
Eldwyth M. George	P. J. Razzell
J. A. S. Harrison	Angela Rumble
A. J. Hedger	A. D. Sidi
Susan Higgs	W. R. *Smithson*
T. S. Hutchinson	Barbara I. Szulc
T. A. Jacks	N. H. Taylor
S. P. Jones	S. C. Taylor

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A.

July, 1974

P. J. D. Evans
S. M. Kilpatrick
A. K. Y. Walker

PAPERS BY GUY'S MEN

Adinolfi, M., Loeb, J. N. and Osserman, E. F. (1974) Agglutination of rat liver mitochondria by lysozyme. In: **Lysozyme.** Proceedings of the lysozyme conference held at Arden House, Harriman, New York, 29th-31st October, 1972. Osserman, E. F., Canfield, R. E. and Beychok, S. **Eds.** pp. 463-470. New York. London: Academic Press.

Alexander, S. and Spector, R. Phenolphthalein in "aspirin". (Correspondence). **Lancet,** 1974, **11,** 961.

Asmal, A. C. and others. Arteriovenous studies on the uptake and metabolism of cortisol in the human forearm. **Clinical Science and Molecular Medicine,** 1974, **47,** 4.

Barbarik, A., Benson, P. F., Dean, M. F. and Muir, H. (1974). Chondroitinsulphaturia with α-L-iduronidase deficiency. **Lancet, II,** 7878, 464-465 (letter).

Benson, P. F. (1973). Gene derepression: possible application to diagnosis and management of genetic disease. **Guy's Hosp. Rep., 122,** 1 and 2, 91-107.

Berry, C. L., Germain, J., Newman, D. L. and Greenwald, S. E. Comparative morphological and functional aspects of the aorta of the major vertebrate classes. **Laboratory Animals,** 1974, **8,** 279.

Braithwaite, R. A., Nakra, B. R. S. and Gaind, R. Steady-state plasma concentrations during single and multiple dosage schedules of amitriptyline. **Psychological Medicine,** 1974, **4,** 338.

Bresnihan, F. P., Grahame, R. and Burry, H. C. Ketoprofen in the management of osteoarthrosis of the hip: comparison with phenylbutazone. **Rheumatology and Rehabilitation,** 1974, **13,** 125.

Cameron, J. S., Turner, D. R., Ogg, C. S. and Brown, C. B. Nephrotic syndrome in adults with "minimal change" glomerular lesions. **Quarterly Journal of Medicine,** 1974, **43,** 461.

Cameron, J. S. and Ogg, C. S. Nephrotic syndrome in chronic lymphatic leukaemia. (Correspondence). **British Medical Journal,** 1974, **4,** 164.

Casale, F. F. Screening for sickle cell disease. (Correspondence). **British Medical Journal,** 1974, **4,** 163.

Cavanagh, N. P. C. and others. Cystinuria with mental retardation and paroxysmal dyskinesia in two brothers. (Correspondence). **Archives of Disease in Childhood,** 1974, **49,** 662.

Falconer, M. A. Mesial temporal (Ammon's horn) sclerosis as a common cause of epilepsy: aetiology, treatment, and prevention. **Lancet,** 1974, **2,** 767.

George, C. R. P. Non-specific enhancement of glomerular filtration by corticosteroids. (Correspondence). **Lancet,** 1974, **2,** 728.

Giannelli, F. (1974). Autoradiography of human chromosomes. In : **Human chromosome methodology.** Second edition. Yunis, J. J. **Ed.** pp. 127-155. London. New York : Academic Press.

Gibson, T. and Grahame, R. Gout and hyperlipidaemia. **Annals of the Rheumatic Diseases,** 1974, **33,** 298.

Grenby, T. M. and Eikrem, G. Dental plaque formation in relation to type of carbohydrate. **Proceedings of the Nutrition Society,** 1974, **33,** 24A.

Harvey, W., Grahame, R. and Panayi, G. S. Effects of steroid hormones on human fibroblasts in vitro. **Annals of the Rheumatic Diseases,** 1974, **33,** 5.

Hayward, J. Conservative surgery in the treatment of early breast cancer. **British Journal of Surgery,** 1974, **61,** 770.

Jefferys, D. B. and White, I. R. The differing response shown by male and female rats given low-protein high-carbohydrate diets. **Proceedings of the Nutrition Society,** 1974, **33,** 25A.

MacRae, A. R. and MacDonald, I. Influence of fat in the meal on oral glucose tolerance. **Proceeding of the Nutrition Society,** 1974, **33,** 26A.

Oxberry, J. M. and Gregson, N. A. The agglutination of myelin suspensors by specific anti-sera. **Brain Research,** 1974, **78,** 303.

Parsons, R. L. and another. Plasma propranolol and practolol in adult coeliac disease. **British Journal of Clinical Pharmacology,** 1974, **1,** 348P.

Polani, P. E. (1973). The incidence of developmental and other genetic abnormalities. **Guy's Hosp. Rep., 122,** 1 and 2, 53-63.

Polani, P. E. and Benson, P. F. (1973). Prenatal diagnosis. **Guy's Hosp. Rep., 122,** 1 and 2, 65-89.

Rebello, T. and MacDonald, I. Effect of high-carbohydrate diet on skin lipogenesis in the rat. **Proceedings of the Nutrition Society,** 1974, **33,** 52A.

Samuel-Gibbon, A. G., Bewick, M., Cameron, J. S., Ogg, C. S. and Brown, C. B. Pontomedullary listeriosis in renal allograft recipient. (Correspondence). **British Medical Journal,** 1974, **3,** 687.

Seller, M. J. (1973). The use of animal models of disease to study the treatment of inherited genetic disorders by tissue transplantation. Their possible relevance to man. **Guy's Hosp. Rep., 122,** 1 and 2, 115-118 (annotation).

Simmonds, H. A. and another. Purine and pyrimidine excretion in psoriasis: a comparison with healthy controls during allopurinol therapy. **British Journal of Clinical Pharmacology,** 1974, **1,** 107.

Simmonds, H. A., Grahame, R. and others. Thiopurinol: comparative enzyme inhibition and protein binding studies with allopurinol, oxipurinol and 6-mercaptopurine. **British Journal of Clinical Pharmacology,** 1974, **1,** 119.

Simmonds, H. A., Levin, B. and Cameron, J. S. Variations in allopurinol metabolism by xanthinuric subjects. **Clinical Science and Molecular Medicine,** 1974, **47,** 173.

Williams, B. D., Clarkson, A. R., Row, P. G., Groves, R. J. and Cameron, J. S. Urinary excretion of C3 antigen in glomerulonephritis. **British Medical Journal,** 1974, **4,** 21.

Woodward, B. and another. The importance of calibration in medical ultrasonics. **British Journal of Radiology,** 1974, **47,** 707.

Wusteman, M. and MacDonald I. Effect of glycerol on the incorporation of fructose and glucose into hepatic triglyceride of rats. **Proceedings of the Nutrition Society,** 1974, **33,** 51A.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR C. E. HANDLER
NEWS EDITORS M. G. BOURNE, P. TILLMAN
SPORTS CORRESPONDENT A. M. KINGON
NURSING CORRESPONDENT Miss P. M. JEFFERIES
MANAGERESS Mrs. L. PAYNE

MONTHLY TWENTY-FIVE PENCE VOLUME 88 NUMBER 2241

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

IN RETROSPECT

1974 will be remembered by *Gazette* readers for many notable events and some of these deserve recalling. Guy's lost its Board of Governors on 1st April as a result of the Health Service reorganisation and little obvious difference has so far resulted. One hopes that the much loved ward Christmas traditions will not be surrendered.

Guy's has also been the focus of prolonged strikes and unrest among ancillary workers. All is clear at the present moment and we hope this will continue if only for the sake of the patients. Recently, with the proposals for the abolition of private beds in N.H.S. hospitals, the Consultants have raised their voices (although remarkably quietly at Guy's) and it seems that 1975 will be another medico-politically hot year. Some of these issues were spotlighted by the "Philpott File" TV series. These amusing and interesting programmes were well produced and certainly Guy's must have been temporarily ranked alongside "General Hospital" and "Coronation Street" by the viewers. Millions of people wanted to know the recent happenings on the Cardio-Thoracic scene; had Mr. Yates wiped the blood off his wet brow and would they show the recently appointed Professor of Renal Medicine wearing a tie? Full marks to the Renal Unit who won the *Gazette* TV award by a narrow head from the Surgical Unit.

The Bermondsey skyline is dominated by the Tower and Wolfson Blocks—both rapidly reaching completion. The whole Guy's community looks forward to the opening ceremonies which are not too far away. Certainly Wolfson Block deserves as much good fortune and financial support as possible, not only because of the important function it will serve but also as a reward to the many people who have put so much energy into its conception and development. Much

credit is due to Lady Boland who regularly climbs up its wind-blown stone steps like a young girl and knows nearly all the site-workers by name. We wish her continued good health and fortitude for the New Year so that she can see the fruits of her labours.

The student-body will have mixed memories of 1974. The non-sporting clubs have the Christmas Concert and two splendid Theatre Club productions to remember. All participants are to be congratulated on these marvellously entertaining occasions. The sporting clubs have little to savour and much to think about for 1975 as the beginning of the year accommodates the all-important cup matches. Few other hospitals could have made such an impact in a Rugby Cup Final as did Guy's in 1974. Although the result was not in our favour the game was exciting and the appearance of the "Milk Churn" after a regrettably long absence must have warmed the hearts of the Guy's spectators. The Snowflake Ball, which is entirely student organised, was successful in many respects but disappointing in others. Whatever the final subjective verdict, the few who really made it possible deserve special mention. Tim Baylis, Kevin Brame, David Fine and Steve Evans lost more than sleep and gained a long-lasting headache; they merit special thanks.

The "new" monthly *Gazette* lost a hard-working, loyal and most able Editor in Trevor Barnes. We should like to extend our gratitude to him and congratulate him on his recent qualification. We would also like to take this opportunity in saying farewell to our photographer, Steve Twiggs, who is shortly to entertain the examiners. His help has been invaluable and we wish him much success for the future. We also wish our readers a Merry Christmas and a Happy New Year.

GUY'S DIARY

DECEMBER			
31	Tu	1.00	Clinical Lecture. Mr. FAWCUS "Communication Disorders in Adults".
JANUARY			
2	Th	1.00	Clinical Lecture. Dr. DEUCHAR
6	M	1.00	Clinical Lecture. Mr. BEWICK
9	Th	1.00	Clinical Lecture. Dr. HUTTON
13	M	1.00	Clinical Lecture. Professor CAMERON
14	Tu	1.00	Clinical Lecture. Mr. FLANNERY
16	Th	1.00	Clinical Lecture. Dr. ROBINSON
20	M	1.00	Clinical Lecture. Mr. BROOMHEAD
21	Tu	1.00	Clinical Lecture. Mr. FALCONER
23	Th	1.00	Clinical Lecture. Dr. HOARE
27	M	1.00	Clinical Lecture. Professor HUNT
28	Tu	1.00	Clinical Lecture. Mr. HENRY
30	Th	1.00	Clinical Lecture. Professor TROUNCE

NEWS IN BRIEF

New Professor of General Practice

We would like to extend our congratulations to Professor Peter Higgins, M.B., B.S., M.R.C.P., M.R.C.G.P., who has been appointed the first Professor of General Practice at Guy's, and in the University of London. Professor Higgins has been the Senior Lecturer and Head of the Department of General Practice at Guy's since its inception.

Consultant Appointments

We are pleased to announce the following consultant appointments :

Dr. Gwyn Williams, M.B., B.Ch., M.R.C.P., has been appointed Consultant Physician in Renal Medicine and Senior Lecturer in Medicine. Dr. Williams comes to Guy's from the Department of Medicine at the Royal Postgraduate Medical School, Hammersmith.

Dr. Jose Payan, M.B., B.S., M.R.C.P.(Guy's) has been appointed Consultant Clinical Neurophysiologist with duties also at King's College Hospital. He was formerly working in the Department of Applied Electrophysiology at the National Hospital, Queen's Square.

Dr. Gerald Turner, M.B., B.Ch., F.R.C.P.(Ed.), has been appointed Consultant Physician to the Dunoran Home in Bickley, where he takes over from Dr. Barbara Morton.

Dr. John Diamond, F.F.A.R.C.S., has recently been appointed Consultant Anaesthetist with duties also at Lewisham Hospital.

Dr. Robin Stott, M.B., B.Chir., M.R.C.P., has been appointed Consultant Physician to Lewisham Hospital.

Dr. D. B. A. Silk

We should like to congratulate Dr. D. B. A. Silk, an old Guy's man, who has been appointed Senior Lecturer in the Liver Unit at King's College Hospital Medical School.

Dr. Barbara Morton

Dr. Barbara Morton, O.B.E., retired in October from the post of Consultant Physician to the Dunoran Home, a post she has held for 35 years. A party was held in her honour in the Senior Common Room, Guy's House on the 20th November. We would like to wish Dr. Morton a long and happy retirement.

Kenneth Craik Research Award

We should like to extend our congratulations to Professor Paul Polani who has been elected to the Kenneth Craik Research Award at St. John's College, Cambridge, for the present academic year. As a result of the award he delivered a lecture entitled "Aspects of the origin and effects of human chromosome anomalies" on Friday, 29th November, 1974.

Dr. Irvan Yentis

Dr. Irvan Yentis, M.D., F.R.C.P., D.M.R.D., F.F.R., Consultant Radiologist at King Edward VII Hospital, Windsor, has been invited to deliver one of the three Christmas Holiday Lectures for Young People, at the Royal Society of Medicine, 1 Wimpole Street, London, W1M 8AE, on 31st December, 1974, at 2.30 p.m.

These lectures are arranged for young people between the ages of 13 and 19 years, and tickets (free) may be obtained from Mrs. F. M. Paxton, Information Officer at the R.S.M.

"Lobes" Nicholson wins the Kenyan Open

Iain Nicholson, a clinical medical student, returned from his elective in Kenya with the Winner's Trophy from the Kenyan Open National Squash Rackets Championship. We would like to congratulate Iain on this very outstanding performance and to record his own comment :

"I'll go back and defend my title if somebody will pay my bus fare."

The Montague Arms Kidney Machine

Mr. Peter Hoyle, antiques expert, landlord and resident drummer of the Montague Arms in New Cross, has launched an all-out effort to collect money through raffles and the occasional "beer-barrel rolling contest", to purchase a Kidney Machine for the Guy's Renal Unit. Dr. C. S. Ogg, on behalf of the Renal Unit, has written a letter to Mr. Hoyle expressing his thanks and wishing him luck with his appeal.

Christmas Day Announcement

Christmas day this year will be held on 25th December, c.f. 1973 et al.

NOTICE

SOUTH WALES & MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Chairman : Mr. Monwent Brown.

Hon. Sec.: Dr. H. Anthony Thomas, Woodlands, Cwnt-yr-ala Road, Cardiff, CF5 5QS. Tel.: 0222-591469.

The twenty-fourth Dinner of this Society will be held on Saturday, 15th February, 1975, at the Park Hotel, Cardiff (following the Wales vs. England Rugby International Match). The time: 7.15 for 8.00 p.m.

All Guy's men and women are welcome. Tickets for the Dinner are £4.50 and the fee for annual membership of the Society is 50p. The President for 1975-1976 will be Dr. Glyn Davies and there will be guests from Guy's as usual.

It would facilitate arrangements if all those intending to be present would send their remittances payable to the Society by Wednesday, 12th February, 1975.

OBITUARIES

PROFESSOR GEOFFREY WEBSTER

Professor Geoffrey Webster, who held a personal Chair in Chemical Pathology in our School, died on Sunday, 2nd November, 1974. He was born in Knaresborough and although many years in the South had erased all the obvious characteristics of his native county, he still preserved in full measure that combination of human and solid worth which is so much a part of Yorkshiremen.

He took his first degree in Chemistry at Oxford in 1941 and worked with the Ministry of Supply and later was associated with a nutrition survey organised by the Ministry of Health. After the war, he returned to Oxford and qualified in medicine in 1951. Although Geoffrey Webster was essentially a scientist, he enjoyed his years as a medical student and he had a fund of anecdotes of his time at the Radcliffe, many of which showed his interest in human problems and his delight in human beings. In 1952 he joined the newly established Department of Chemical Pathology at Guy's and has been on the staff for twenty-three years. Over the years he has served the Medical School with complete devotion. His research was largely concerned with the metabolism of lipids in the nervous system and in particular with demyelinating diseases including multiple sclerosis. In this important field of research he established a considerable reputation and was awarded doctorates by both Oxford and London Universities.

As a teacher he was painstaking and meticulous, taking endless trouble in preparing his teaching material. He felt strongly that teaching was an important and integral part of the duties of academic staff and never allowed personal research interests to interfere with this aspect of his work. Three years ago, he was appointed to the chairmanship of the Selection Committee and was later made Sub-Dean of admissions. He brought to this difficult, delicate and sometimes contentious task a remarkable combination of kindness and understanding with commonsense and firmness with the result that he was an outstanding success in a field in which, up to that time, he had had very little experience. Those of us who are concerned with the problems of student admission are only too aware of our loss.

Geoffrey Webster was more, however, than a good and faithful servant of the School and University. To many of us he was a friend whom we held in deep affection. He was always considerate, always helpful and always honest. His opinion, always given after due deliberate and careful thought was frequently sought and always respected. His chief joy was the countryside and country pursuits and he was never happier than when on holiday in the West Country with his family and there is little doubt that he wished that his work had allowed him more time away from London. Geoffrey Webster had a singularly happy family life and this meant a very great deal to him. His two daughters are continuing at Somerville and at Bart's—his love of Oxford and of medicine. To them and to his wife, Jaqueline, we offer our sympathy.

J.R.T.

W. J. OLIVIER, L.D.S., R.C.S.

W. J. Olivier passed away at Oudtshoorn, South Africa, on 9th November, 1974, in his 85th year.

Bill, as he was known to his friends, came to Guy's just after the First World War, having been on active service.

Bill was a member of what was undoubtedly one of the strongest rugger teams Guy's ever had, containing such greats as George Doherty, P. K. Albertyn and many others. He qualified in 1921 and practised dentistry at Oudtshoorn for nearly 40 years.

He leaves his wife, Joan, who before their marraige lived at H.O.P., and a son, Tony, a consulting engineer in Johannesburg, to mourn his passing.

K.T.H.

JAMES ALFRED SNAREY WRIGHT, A.F.C., F.D.S.R.C.S. Eng. and Ed.

James Snarey Wright entered the Dental School in 1912 to study for the L.D.S. diploma, and soon proved himself to be a student of great merit, being appointed Assistant Demonstrator of Dental Microscopy in 1914 followed by appointment as Assistant House Surgeon. He qualified L.D.S.R.C.S. Eng. in 1916. At that time the first world war had been in progress for more than two years. Snarey Wright joined the R.N.A.S. (which was later amalgamated with the R.F.C. to form the R.A.F.), as a flying instructor. For his distinguished services he was awarded the A.F.C. On the cessation of hostilities he returned to Guy's in 1919 to hold the post of house surgeon. He obtained the H.D.D. Ed. diploma in 1921. He left Guy's to join the staff of the National Dental Hospital which later became part of University College Hospital where he served in the capacity of Consultant Dental Surgeon. He was awarded the F.D.S.R.C.S. Eng. qualification by election in 1949 and the F.D.S.R.C.S. Ed. in 1955—each in recognition of the distinguished services he had rendered to dental education in this country.

Snarey Wright was an unassuming but quietly competent man. He possessed great charm and was always ready to give help and advice to anybody who needed it. Although he led a busy life with private practice and his hospital appointment he always found time to enjoy his favourite sport of sailing and the less strenuous fly-fishing.

His later years in retirement in Hove were spoilt by prolonged illness and suffering which he bore with the greatest philosophy and fortitude. He died leaving a widow and two sons, one of whom trained in dentistry at Guy's, and two daughters. We extend to them our deep sympathy with the hope that it will be some consolation to them to know that he will be missed by all those who were privileged to know him and to have worked with him.

F.S.W.

APPROACHES TO PSYCHIATRIC DISORDER

(PART II)

J. P. WATSON, M.A., M.D., M.R.C.P., M.R.C.Psych.

Construing Deviant Behaviour

All of us as human beings learn our own more or less idiosyncratic personal ways of construing behaviour. The doctor naturally brings his own set of constructs with him into his professional work and may understand his patients in the terms he habitually uses personally or in more or less technical terms grafted on to these. Hence, the views doctors have of patients' behaviour tend to be a mixture of those current in ordinary life with others based upon formally theoretical, technical, or scientific notions. There is an enormous and perhaps endless variety of ideas applicable to behaviour and hence substantial scope for different views of deviant or abnormal behaviour, the subject of this talk and the state of affairs described briefly at its beginning.

I should like to take up two points which follow from this. One concerns the main varieties of view currently in vogue about abnormal behaviour; and the other is the question "how can the relative values of different formulations be assessed?"

Broadly, three classes of model (or, roughly, of sets of ideas) are current among persons professionally concerned with abnormal behaviour. These models emphasise biological, psychological, and social determinants and implications of behaviour to varying degrees. (An *a priori* view would incidentally be that inasmuch as a person has biological (physical or physiological in this context) and psychological characteristics and behaviour can only occur in a social situation, then factors of these three kinds must necessarily be of possible relevance to the understanding of any piece of behaviour whatsoever.)

First, there is a medical model of deviant behaviour which thereby comprises varieties of mental illness. Illness is not a unitary concept within medicine (Scadding 1963, Watson 1969) but usually implies the onset of a previously absent unwelcome set of clinical phenomena of bodily origin, personally unintended and hence not justly seen as the responsibility of the sufferer.

A wide range of psychological models is available. Few would perhaps wish to go on record as ascribing antisocial or undesirable conduct to sin, wickedness, or evil but such "moral" models are pervasive and so far as I can see underpin much legal and penal activity. Another psychological model is the psychoanalytic one—although this is perhaps better described as a multiplicity of models. They tend not to appeal to many doctors. Richard Asher (1972) has described one physician's attitude to psychoanalytic views most enter-

tainingly. Other psychological models are those based upon theories of learning and those emphasising mechanisms of coping (Lazarus 1966). Psychological approaches tend to account for behaviour in terms of previous experience— conscious or unconscious—learning, motivation, drive, attitude, and the like. In principle, an adequate account of abnormal behaviour is possible on these views without implying the presence of an illness in the sense previously mentioned.

Social or sociological models implicate putatively maladaptive patterns of family interaction, exposure to stressful life events, or undesirable features of the structure of society as causes of "psychiatric disorder".

The view that a clinician takes of a psychiatric patient and his problem can have a profound effect on what happens to him and to it. If he has an illness, for instance, he is entitled to be a patient and to occupy the sick role, to use Mechanic's (1968) term, which implies rights and obligations (as does any role), to receive expert treatment while suspending ordinary social role activities while being obliged to co-operate with the treating experts, who will naturally attempt to alleviate the (fundamentally physical) process underlying the illness. A view based on disorder as maladaptive learning will in contrast imply designing a re-educative programme to which the subject must apply himself; this model requires an expert teacher but not necessarily a doctor.

Strauss and others (1964) identified three main ideological types among psychiatrists, which they termed somatotherapeutic, psychotherapeutic, and sociotherapeutic. These imply particular emphases upon physical factors, individual psychological factors, and aspects of interaction, respectively. There is evidence that ideology is related to therapeutic practices, as would be expected: somatotherapeutic psychiatrists give more pills and ECT, while other kinds of psychiatrist give more psychological treatment of one sort or another.

Rather than amplify the characteristics of different models further, let us now return to the question of their relative worth. The point to be made here is that in many instances the empirical evidence justifying one approach rather than another is simply not available. In the absence of evidence, clinical judgments can only be based upon experience, intuition, guesswork and ideology. In my view, such evidence as we have supports the view that no one model or approach or viewpoint is best over the whole range of behavioural, psychological, or pyschiatric disorder. Hence, I advocate an informed and if necessary agnostic eclecticism. For example, manic-depressive psychosis is in my opinion very like an illness in much the same sense as say hyperthyroidism is, associated with a not-yet-entirely-specified disturbance of the brain mechanisms subserving emotional control. Again, it seems very likely that certain kinds of adolescent criminality are not explicable without reference to the childhood experiences, family life, and psychological development of the delinquent. Also, some phobic neurotic behaviour changes when dealt with as expressing maladaptive learning in ways which rarely occur when supposedly relevant early childhood experiences are explored.

Research

To aim to discriminate between the relative value of different approaches amounts to an advocacy of the need to ask empirical questions, to formulate clinical problems in ways which lend themselves to experimental test. The approach is essentially the same as that appropriate to investigation in other clinical fields of work. In many psychiatric areas, however, we are still at the stage of trying to ask the right questions, and some way from being able to begin to answer them. Also, formidable methodological problems remain in some fields, although there is progress here also. For instance, the idea that what used to be called states of consciousness, or subjective experiences, are not scientifically investigatable, is well behind us; and we have realised that questions such as "is psychoanalysis true?" or "does psychotherapy work?" are bad questions about as useful as asking with general medicine "does nephritis exist?" or "do drugs help patients?", or "do operations work?" Investigating and evaluating psychological treatments is a core concern of the psychiatric investigator, and current research approaches tend to begin with the general question "which specific therapeutic interventions produce specific changes in specific patients under specific conditions?" (Bergin and Strupp 1972, p.8.)

It is noteworthy, however, that views of disordered behaviour may be and perhaps frequently are held with formidable strength in the absence of supporting (or disconfirmatory) evidence. It is not the case that ordinary practising psychiatrists usually treat patients on the assumption that they know nothing about their problems or about how best to treat them, although what has been said above implies that it would often be scientifically legitimate to do so. One aspect of the matter is that a clinician must do the best he can for his patients, and must make informed guesses or use intuitions if there is no empirical evidence to guide him. However, another aspect is also of interest. This is that the psychological impact which a clinician makes on a patient may have profound effects on his behaviour and his psychological problems, and this impact is related, on reasonably secure evidence, to clinician characteristics as well as patient ones. The relevant clinician characteristics include his non-possessive warmth, empathy and genuineness in relation to the patient (Truax and Carkhuff 1967), declaration of which is related to the confidence he has in his own understanding of the patient's disorder and the strength of his beliefs about it. Hence, adhering strongly to *some* view of psychological disorder is likely to increase a clinician's effectiveness with many patients, whatever the beliefs, for they facilitate the patient's exposure to clinician warmth and so on which may help him. This will apply to all clinicians, not just to psychiatrists; but its importance for psychiatry is that it is the *sine qua non* of clinical adequacy, there being no special technology such as psychic biopsy or moral marrow aspiration which a psychiatrist can offer. (I am of course alluding to what have been called "non-specific" psychological therapeutic effects, and would not wish to deny that specific therapeutic effects also occur. Similar "non-

specific" features of doctor-patient interaction are also of course relevant in medicine, for instance in relation to so-called "placebo" effects.)

A Personal View

My view of my job as a clinical psychiatrist is to try and think of some way of formulating a patient's psychological (behavioural) problems which will help him solve those problems. I do not solve his problems for him, I try and help him solve them himself. Sometimes, I am not sure how often, I find myself thinking that the best way of looking at a problem is to regard it as an illness. Hence, the medical "illness" view is included within a more general problem solving approach. This view applies equally to the psychological problems of patients in medical, surgical, or psychiatric departments, in fact in any medical setting.

Lastly, I have alluded to three areas which seem to me to need empirical study, and which also happen to be of particular personal interest. The first of these concerns the application of personal construct theory to psychological problems. Hence I find myself asking questions, such as "how does this patient view his problem, his world, his family?; are there any obvious peculiarities in these ways of construing?; and, how do these relate to other's views of the same matters? I think this approach is of substantial potential help in increasing *scientific* as opposed to ordinary understanding of relationships (Watson 1974). Personal construct theory seems to me to ease the investigation of important psychological processes of individual persons, understanding which is often not increased by the use of psychological tests of "group" type, derived as they are from groups of persons. The second area I have mentioned is the arrangement of a psychiatric inpatient unit such that psychological influences most effectively benefit patients, particularly in the light of the insights of the nineteenth century "moral therapists", largely neglected for over a century. The third area I would mention is a related one, namely the development, investigation and evaluation of psychological treatments of all kinds. A rational approach in this field is, it seems to me, to devise a treatment package which seems to work and is thereby worth evaluating. Next, it is appropriate to test the efficicacy of the package by comparing it in a properly controlled way with some other activity, and thirdly it is next worth conducting experiments to explore the reasons for its efficacy. It was this general strategy which Dr. Gaind and I were following some years ago in joint work on the exposure of phobic patients to feared situations in real life as a way of reducing patients' phobic anxiety (Watson *et al.* 1971).

At the initial stage in this strategy, that of devising treatment programmes which appear to help, one of the most effective aids to progress is the receipt of information suggesting that what one has done has been ineffective. I therefore hope that colleagues who ask our opinion will feel obliged to let us know personally when our suggestions or interventions appear to be unhelpful, to them or to patients.

References

Asher, R., (1972). "Talking Sense". Pitman Medical, London.
Bergin, A. E., and Strupp, H. H., (1972). "Changing Frontiers in the Science of Psychotherapy". Aldine Atherton, Chicago.
Broadbent, D. E., (1961). "Behaviour". Eyre and Spottiswoode, London.
Fleminger, J. J., (1966). "Re-introducing John Dickson, first psychiatrist at Guy's". Guy's Gazette, 28th May, 1966.
Hill, J. D. N., (1969). "Psychiatry in Medicine. Retrospect and Prospect". Nuffield Provincial Hospital Trust, London.
Kelly, G. A., (1955). "The Psychology of Personal Constructs". Norton, New York.
Lazarus, R. S., (1966). "Psychological Street and the Coping Process". McGraw-Hill, New York.
Mechanic, D., (1968). "Medical Sociology. A Selective View". Free Press, New York.
Osler, W., (1920). "The Principles and Practice of Medicine". 8th edition. Appleton, London.
Scadding, W., (1963). British Medical Journal, **2**, 1425.
Ssasz, T., (1962). "The Myth of Mental Illness". Secker and Warburg, London.
Strauss, A., Schatzman, L., Buchner, R., Ehrlich, D., and Sabshin, M., (1964). "Psychiatric Ideologies and Institutions". Free Press, New York.
Truax, C. B., and Carkhuff, R. R., (1967). "Toward Effective Counselling and Psychotherapy: Training and Practice". Aldine Atherton, Chicago.
Tuke, S., (1813). "Description of the Retreat".
Watson, J. P., (1969). "Hotel, Asylum, or Reformatory: The Functions of the Mental Hospital in the Community". Guild of Pastoral Psychology, Lecture No. 152.
Watson, J. P., (1974). "Construing doctor-patient relationships". British Journal of Hospital Medicine, **12**, 359-366.
Watson, J. P., Gaind, R., and Marks, I. M., (1971). British Medical Journal. **1**, 13.

PROBLEM ORIENTATED MEDICAL RECORDS —

What are they and why do we need them?

The subject of Medical Records is not perhaps a glamorous one. The usual context in which we hear this mentioned these days is because Notes are missing when they are needed, and it sometimes seems that they are more important when they are lost than when they are available.

We all recognise from the first day of the Clinical Course the importance of the History and Physicial examination. We realise that without this basic information we cannot make sensible decisions about patients' management. We assume that this vital data will be written down, and that we do not either have to commit everything to memory, or retake the history every time we see the patient. Slowly, therefore, the record accumulates a body of information from many sources, which is unique to each patient, and totally irreplaceable. Each contributor will add to the record in a manner which is determined by convention, personal preference, or "what seemed appropriate at the time", and not by any predetermined or agreed set of rules. The fact that a patient has been admitted on five occasions means that there will be five records of the past medical history, five family histories, and five (frequently inadequate) social histories. Repetition has become

a feature of our records, perhaps in part because it seems easier to start again from scratch, than to unravel the story from the existing Notes. In short, all too often the record becomes a disorderly mine of information from which it is as difficult and time consuming to extract vital information, as it is oil from the North Sea. The result is that we rely on our memory. If we have never seen the patient before, we are in danger of latching on to the first intelligible clues we come across because the task of digesting the Notes properly is too daunting, and there just is not the time. In either case the patient is likely to be the loser.

In this unsatisfactory situation we need to think again what should be the attributes of records which will best serve our patients. First and foremost, they must be available and accessible when required. This is in itself a formidable task, and our failure in this regard is at least partly a reflection of the relative lack of importance which we have attached over the years to a good Medical Record System. Money and space are both needed, but so also is a change of attitude on the part of the medical and nursing staff. Notes should be treated as the unique and important documents that they are, and not allowed to wander about the hospital, but rather returned to file with urgency. Unquestionably there are a number of things that would ease and speed the processes which have to be undertaken before this can happen, but as we see again and again, people and their attitudes matter more than good (or bad) organisation.

Medical Records should secondly be a source of information about patients which is reliable, legible, complete, and above all, from which it is possible to retrieve data easily and rapidly. Very few of our records can be said to measure up to this requirement, and the more complicated the clinical situation, and hence the greater importance of the information contained, the worse the situation becomes. Thirdly, records should be an efficient means of communication between all those involved in the management and care of a patient. Here again we fall down. How often is a drug prescribed in one Clinic incompatible with that ordered by another. It is possible to be an in-patient in one Department at Guy's without any record of that fact appearing in the Notes. Fourthly, the patients' Notes can be a most important and powerful tool of medical education. This is an aspect largely unexplored at present, but it is hoped in the future that Students' notes will be looked at and make some contribution to the process of continuous assessment which in turn will influence the final MB marks. Lastly but not least, records have an obvious purpose as research documents. However, to serve this purpose they must be good records, and great care must be taken to see that all diagnoses are correctly coded, since these codes alone form the basis of the computerised diagnostic index.

Perhaps, therefore, there is a need to put right some of these deficiencies. With certain minor qualifications it is not the information that needs revision, but rather the organisation of that information. It does not seem possible to solve these problems by having "more of the same". This problem is a universal one, and is likely to become

worse as medicine becomes more complex. Professor Lawrence Weed, now Professor of Medicine at Burlington in Vermont, has evolved a system of record keeping which centres round the definition of problems which the patient and his doctor face together—hence the name Problem Orientated Medical Records (POMR). It is important to stress that there is nothing fundamentally different about the information recorded. What Weed has done is to write the rules for medical record keeping. This has never been done before. He argues that it is unlikely that a game of football would be very satisfactory to either players or spectators unless the size of the pitch is defined, the number of players on each side fixed, and the rules of the game agreed. At present there are no rules, no defined framework written which we work, and the overall outcome is not surprisingly unsatisfactory.

The Problem Orientated System can be divided into several parts for the sake of description. At an early stage in the patient's illness a full history and examination will be done and recorded. To this is added any other information available about the patient from the Family Doctor, or other Hospitals, and the basic investigations done on all patients. This body of information together constitutes the Data Base, and its scope should be defined for each Department or Unit by discussion within the Unit concerned. Rarely is there time to do this in the out-patients department, and it is usually done when a patient enters Hospital. From this body of information a variety of problems are defined. Stress is laid on problems rather than diagnoses, and problems are only defined in terms for which there is evidence. In other words a problem might be "Abdominal Pain"—it would not be " ? gallstones ? peptic ulcer ". If subsequent investigation shows that the patient does have gallstones, then the problem may be redefined as "Gallstones". Furthermore such problems as smoking or obesity (risk factors), abnormal physical signs or investigation results for which no explanation is apparent, and social, psychiatric or emotional problems, also should be listed. These are all put on a "Problem List" which is the front page in the Notes, and serves as an index for the whole record, which is continuously updated and shows at a glance all the influences which may be relevant to the patient's illness. The natural consequence of increased specialisation is the disintegration of patient care. This is well recognised today, and it is worth reminding ourselves that the most integrated element in medicine is the patient, and the Problem List is a key factor in maintaining this integration of management no matter how many problems there may be.

The next element in the Problem Orientated System is the writing of Initial Plans for each and every Problem that is felt to be currently relevant. These will include differential diagnoses, goals of treatment and plans for further elucidation of the problem, treatment and where relevant, statements of what the patient and his family is told about the illness. Many of us are accustomed to doing this in a somewhat haphazard way, but only if we do this more formally will the reason for our requests be obvious, and it will be increasingly important in the future to justify all expensive investigations.

The last element is the writing of Progress Notes. These are written under the number and title of the problem to which they refer. In this way rapid review of the course of a single problem is possible although there may be many intervening notes about other problems. Progress Notes are also written in a standard format using the headings Subjective Information, Objective Information, Analysis of the Situation, and Further Plans. As more information becomes available the Problem List will be updated.

Flow Sheets are extensively used to display data of all kinds, and show at a glance not only what is and what is not known, but also demonstrate trends earlier than we might otherwise notice them.

The Problem Orientated Record is structured in a loose leaf fashion in an agreed and fixed order. The main body of the clinical notes are written in strict chonological order—in-patient and out-patient notes interleaved but on different coloured paper. Every piece of information or sheet of paper has its place, and once familiar with the System, all users know where to look for the data they need. This can save many hours of time, but does demand the discipline of using the System properly.

I have tried to outline very briefly the main features of the Problem Orientated System, and why, in my judgment, we need it. It is, however, only a tool, and not an end in itself. Like all tools it can be used to good or bad effect. The POMR has one overwhelming advantage over the conventional record in that it can be used as a most effective educational device. Since the rules for data collection are defined, and the logic for all decisions is preserved, review of the record can become a highly educational experience. Furthermore, this is a very efficient and effective form of education since by definition it is relevant to the daily practice of all who write medical records.

It is hard to change our habits, and even harder if we do not see the reason to do so. If we step back from the rush of daily clinical work for a moment we may see that our existing records have ceased to serve our patients and ourselves as they should. POMR can, I believe, solve these problems, given the determination which is needed to make significant advance.

Max Rendall

(*Senior Lecturer in the Department of Surgery*)

NOTICE

GUY'S HOSPITAL DENTAL SOCIETY

The Annual Dinner of the Guy's Hospital Dental Society will be held on Saturday, 1st March, 1975, at the Park Lane Hotel. The tickets will cost £5.00 each and applications for these should be sent to N. S. Jones, c/o East Wing, Guy's Hospital, London Bridge, SE1 9RT, before 1st February, 1975.

A full programme of the Annual Dinner will appear in the January edition of the *Gazette*.

"If you think you've got problems" — a light-hearted look at Problem Orientated Medical Records

by Peter Tillman

In view of the national shortage of paper and the reluctance of the Government to consider re-cycling N.H.S. Bumf, Guy's has decided to adopt a new system of recording patient's notes which will be entitled "Problem Orientated Medical Records" or POMRs for short. This is also known as the Weed System[1,2] after the originator, as it is designed to weed out all unnecessary garbage from the notes and leave the file containing only those pieces of information considered essential to the patient's current problem(s).

The new system came into effect on 1st April, 1974, originally under the title of "Problem Orientated Notes". The delay in bringing this change in Note-taking to the *Gazette* Readers' attention is presumably due to the time taken for some committee to think up a new title, since POMR is a safer and clearer abbreviation than PONS.

Gone, the introducer's hope, are the Out-Patient Sessions where the Consultant spends many happy hours wading through notes, often $7\frac{1}{2}$ inches (0,1905 m)[3,4] thick and weighing up to 10 lbs (4,536 kg)[3,4], and reading, with suitable comments, correspondence between former colleagues 15 years previously.

A welcome innovation is the "Flow Sheet". All laboratory results will be recorded on special sheets in date order; this will give an "at a glance picture" of the patient's progress. Until recently the only haematological investigations generally required were WBC, Haemoglobin and ESR; (incidentally, taken and calculated by the medical student). Likewise, Faecal Fats and Occult Blood were the major Biochemical tests requested. The student was expected to be able to differentiate between Sugar in the Urine, and Urine in the Sugar.

Now, through the courtesy of modern science and doubtless the NASA Programme, we are able to obtain many diverse and intriguing results from the Coulter Counter, Auto-Analyser and Department of Nuclear Medicine. The Flow Sheet is considered important with the increasing numbers of results and photocopied scraps of paper coming from the labs. Once recorded on to the Flow Sheets all these result forms will be discarded, thus cutting down considerably on the bulkiness of the notes. Unfortunately some form of Parkinsonism (Law, not Disease) has to exist, so as the number of tests available to the clinician increases arithmetically, the amount of blood in litres[3,4] to be taken by the students increases geometrically.

Perhaps some of the dangers of the new system can be illustrated from the following paragraph : "The notes are kept on a loose[a] leaf[b]

principle, and run chronologically[c], inpatient and outpatient notes being integrated[d], but distinguished from each other by being on different coloured papers[e]."

Notes

a. If you don't understand the system the notes can be lost.
b. See first paragraph above, i.e.: the notes will be written on any old weed or foliage, thus cutting down the number of flowers and plants on the wards, much to Sister's approval.
c. Provided you have a good chronometer.
d. Surely that is immoral.
e. Provided (i) the recorder is not a monochromat and (ii) this does not contravene the Race Relations Act.

In conclusion there are five main elements to POMRs :

(1) I have presented my *Data Base*
(2) and *listed the Problems.*
(3) My *Plan* is to end this article since
(4) any further *Progress Notes* are unnecessary,
(5) as my *Flow Sheet* has now dried up.

References

1. L. L. Weed, New England Journal of Medicine, 1968, **278,** 593.
2. McIntyre, Hospital Medicine, 1972, **7,** 603.
3. British Standards Institute, The Use of SI Units, PD 5686, BSI, 1965.
4. Baron, D. N., S.I. Units, B.M.J., 1974, **1,** 509-512.
5. "An Introduction to POMRs", Pre-Clinical Handout 1973.

NOTICE

IMMUNOLOGY IN RELATION TO CLINICAL MEDICINE

SPRING TERM LECTURES 1975

Fridays 9.00 a.m.

In the Pathology Classroom

17th January	Immune response in Clinical Medicine.	Prof. S. Cohen
24th January	Structure and properties of Antibodies.	Prof. S. Cohen
31st January	Antibody mediated mechanisms of Immunity.	Prof. S. Cohen
7th February	Cell mediated mechanisms of Immunity.	Prof. C. Mims
14th February	Antibody synthesis and its derangements.	Prof. S. Cohen
21st February	Mechanisms of Hypersensitivity.	Dr. S. Liebowitz
28th February	Immune Complex Disease.	Prof. C. Mims
7th March	Autoimmune Disease.	Dr. S. Liebowitz
14th March	Immunological aspects of transplantation.	Prof. R. Batchelor
21st March	Immune response to Tumours.	Prof. R. Batchelor

On your first appointment as a Dental Officer, we might just put you in charge.

We don't guarantee to throw you in at the deep end. But your first appointment following your finals and commission to Surgeon Lieutenant (D) in the Royal Navy might well take you on board a frigate in the North Sea. And during the couple of months or so you would spend with the ship's company, you'd be entirely responsible for their dental welfare.

You'd have to learn to adapt to the conditions around you and rely on your own judgement. There'll be no one there to offer a qualified second opinion.

A far cry, you might say, from the cosy life of a junior partnership in a high street practice. But being a dentist in the Royal Navy can guarantee you job satisfaction ashore or afloat.

It would be naive for us to pretend that everyone would wish to opt for the more progressive alternative. But for the few who will, the Royal Navy can offer Cadetships to selected candidates who have passed their second BDS. And pay them £1,964 a year till they qualify.

A Surgeon Lieutenant (D) receives a salary of at least £4,548. If he is on Short Service Commission, there's a tax free gratuity at the end of five years.

There are also opportunities for Full Career Commissions.

So, if you would like to know more about life as a dental officer in the Royal Navy, please write, giving details of your age and education to:

Surgeon Captain (D) G. J. Boyd, RN, (26DJ) Room 314, Empress State Building, London SW6 1TR.

RN
ROYAL NAVY

NURSING

THE IMPLEMENTATION OF THE HALSBURY REPORT

After the publication of the Halsbury Report, the nursing profession was informed that the recommendations would be accepted, and was, not surprisingly, extremely gratified.

Due to the difficulty in obtaining copies of the report, and the fact that the centre of attention was the salary increase, it was some weeks before the implications were recognised, and now that they have been appreciated, considerable concern has been engendered, as to the practicality of some.

The government, of course, was playing political games of one-upmanship when they accepted the report. There was after all an election imminent, and the satisfaction of the nurses' claims would be likely to prove a good vote catching gambit. In so doing they have, it appears, succeeded in achieving the near impossible, that of making the same mistake twice. We have, it seems, a situation very similar to eight years ago, when the Salmon Report was implemented without sufficient evaluation.

The pay increases were, of course, very welcome, and much needed, even if the public are under the misapprehension that the nursing profession has been basking in the delights of the supertax bracket for three months, when in fact they have not yet received their back pay, if they are trained. Furthermore, there is little hope of it materialising in the foreseeable future.

What, however, is causing far greater concern, is the extra holiday which was recommended, to which have been added two bank holidays which nobody was aware existed. The Department of Health has decreed that this innovation is to be introduced during the current financial year, but have given no consideration to the matter of who cares for the patients during this time. In a hospital with a large number of student nurses, there is the likelihood of as many as five hundred weeks' holidays having to be arranged between the present time and the end of March. This means that there will be a reduction of something in the region of 20,000 working hours in three months, the consequences of which have been totally overlooked.

It would be true to say that no nurse will object to being offered a financial reward that is concomitant with her responsibilities and training, and few would deprecate her for considering herself to be as worthy as a miner or a car production worker, and she should be afforded the wherewithal to maintain her existence. However, should changes be implemented, which will only cause an even greater reduction in standards of care, and from which only one group—the patients—stand to suffer. The nurses are, after all, supposed to exist for the benefit of these people, and conversely would be redundant if there were none for which she could care.

CORRESPONDENCE

"Hormones in Pregnancy"

SIR,—I should like to congratulate Messrs. Quyyumi, Handler and Bourne on their excellent presentation entitled "Hormones in Pregnancy" in the October edition of the *Gazette*. It is always difficult to be dogmatic about the evaluation of hormone levels in maternal blood and urine in pregnancy, and although not all their statements would meet with acceptance from obstetricians, there is no doubt that for persons without clinical experience (presumably) their remarks had good insight into management of the "at risk" patient.

May we please see more B.Sc. projects of similar clinical bent documented in the *Gazette*? As well as being of value to the students, it helps clinicians keep abreast of the basic medical sciences relevant to their speciality.

Yours faithfully,

T. M. COLTART, *Director.*

Department of Obstetrics and Gynaecology,
Guy's Hospital.

Rita Bowne

SIR,—Her many friends and colleagues were saddened by the illness and death of Miss Rita Bowne, who demonstrated throughout a characteristic Christian fortitude.

Though there were no flowers at her request Miss Caesar of the Commissions Office, Nuffield House, will be pleased to receive in lieu donations to the Baptist Missionary Society, the fund remaining open until 31st January, 1975.

Yours faithfully,

E. DAVID MORRIS, F.R.C.S., M.R.C.O.G.

Department of Obstetrics and Gynaecology,
Guy's Hospital.

Biennial Dinner

SIR,—Regarding the letter from Dr. Adrian Rogers regretting poor attendance by some age groups at the Biennial Dinner, May I say that as one who qualified in 1932 and became a single-handed G.P. in 1948 in Blackpool, Lancashire, I attended the Dinner whenever I could persuade a colleague to run my practice as well as his own for 24 hours. I am now incapacitated with ataxia, coronary disease and ? carcinoma of the stomach, and I am therefore unable to attend the dinner even with the aid of my Government issue invalid chair.

Yours faithfully,

JOHN TUDOR, L.M.S.S.A.

24 Adrian Road,
Bolton, Lancs.

"Elektra" of York Clinic

SIR,—It is with tremendous sadness that I report to her many friends and well-wishers over the past 12 years, the death of "Elektra" of York Clinic. Despite the skill and devotion of Mr. Bowden, our Veterinary Surgeon, we were unable to sustain her any longer and she died as gracefully and dignified as she had lived.

Yours faithfully,

ANNE O'DONOVAN.

York Clinic,
Guy's Hospital.

Private Beds in the N.H.S.

SIR,—In your leading article in the November edition of Guy's *Gazette* you seemed at pains not to take sides in the dilemma of private beds within the N.H.S., and in doing so perhaps failed to make one of your points come across with the emphasis that it is owed.

In common with very many other people I have given a good deal of thought to the above-mentioned question and my previously uncommitted opinion has been squarely and somewhat angrily polarised against private patients within the N.H.S., and I think there may be a case for the abolition of private patients entirely. No one, I am sure, underestimates the complexity of this problem, but what in my opinion is the central issue has been all but ignored as a side issue: morality. There has never been any doubt in my mind that the two-tier system, whereby someone can benefit by superior medical attention more rapidly by virtue of his wealth as opposed to his health, is morally and ethically unjustifiable.

Until recently I had scrapped my ideals, along with a good many other people in favour of a more pragmatic attitude, *viz.*, that the immorality of pay beds is a relatively minor flaw in an imperfect world, that other considerations, such as the influx of money into the coffers of the hospitals, the N.H.S., the nation, not to mention the consultants; the freedom of choice principle; professional independence; clinical freedom and so on, were more important.

In the Passim article to which I have referred, you correctly note, though understate the crisis in the N.H.S. Not only have we, the inheritors of this system a financial crisis on our hands, we are faced also with what I would call an ethical crisis, where industrial action is taken, not against the Government of the day, or the hospital authority, but against the poor, unfortunate patients. The paramedical staff have claimed that it was all intended for the eventual good of the patient and thus abdicated themselves of the moral responsibility for their actions and abandoned the ethics of their profession to the wind.

The crises facing the N.H.S. have, I believe, *evolved* by a mixture of party power politics, dismal local hospital administration, and frank complacency by one of the most powerful lobbies in the country—the medical profession itself. That the present situation has *evolved* surely implies that "at a stroke" remedies are for dreamers. The reactions of some of the Consultants to the announcement by the Secretary for Social Services about private beds would be "understandable" as you put it, had the gnomes of Tavistock Square shown more initiative in improving the Service. As it was I found the reaction of some of the Consultants to Mrs. Castle's disclosure shameful and disgusting, if not embarrassing; they showed the unacceptable face of capitalism. But by the same token, abolishing private beds in one year is almost equivalent to trying to abolish Christmas.

The comments you quoted from Lord Brock and the freedom of choice principle being applied to medicine as it is also applied to transport and means is an insult. How could the situation be so misjudged? How many people can afford to choose?

I refute your assertion that "few would begrudge (the Consultants) this right of survival", referring to private patients, and that otherwise they would live on status alone. The Medical Profession shares with the Legal Profession the distinction of being one of the biggest closed shops in modern-day Society, and protected as such by law. In this manner both professions gain by other's misfortunes. That their training is so specialised, and their professions so revered, their services so necessary, does not necessarily mean they can bleed their victims white. Similar moves by a non-professional body, the miners, for example, is of course, wrong. The consultant's union appears already to have reared it ghastly head.

Finally, where are we left in ethical terms if we ignore what is in my view the moral aspect of a two-tier health system? For me, this cloudy, complex issue has become unmistakably clear.

Yours faithfully,

KENNETH PARSONS (*Dental Student*)

c/o East Wing, Guy's Hospital.

Psychiatry at Guy's

SIR,—It is with a little misgiving that I find psychiatry is to take its place as a faculty in Guy's Hospital Medical School whch has for so long and for very good reasons withstood the intrusion of such unscientific, though legal, practices.

There are many disciplines other than medical ones whose primary focus (not sole focus) is upon activities of people as wholes in relation to environment not one of which Professor Watson mentions. The difference between these others and medical disciplines is, contrary to what he says, that the medical disciplines permit and encourage the use of drugs and such exquisite refinements as brain surgery, E.C.T. and shock treatment, whereas the non-doctor does not consider them to be necessary in the kind of work he is doing.

Now that the State has firmly entrenched itself into the administration of medicine in England I would urge people of all walks of life to take heed of Arthur Koestler's experiences in prison and not to think "It can't happen here". The stage is already set. One should note with utmost concern the fact that the B.B.C. was not permitted to continue the programme about him to its completion.

Professor Watson himself admits that "Ignorance in the field of psychiatry is profound and I (I refuse to admit his use of the royal 'We') need every good idea I can get." It must be realised that this state of affairs is the fault of the psychiatrists approach to mental problems. It is facts not ideas, views and opinions which are required. Mankind already suffers too much from other people's bright ideas. Also "There is no such thing as good nor bad but thinking makes it so" (Hamlet.) Little wonder that Ignorance is profound in the field of psychiatry.

It is Authoritarianism, Ego-assertion, Dogma and an Innate inability to adapt to Change which is at the moment perpetuating the Ignorance referred to by Professor Watson, and it would be unkind to say the least to expose so many examples of faulty thinking that are disclosed for all to see, if they can, between p.346 and 353 of the current *Gazette*.

Psychiatrists and others interested in the mental welfare of their fellow men must put their own house in order and get their own thinking to agree with things and situations as they really are and not what they conceive them to be, before they begin to teach, learn or practice any kind of mental therapeutics and further they must acquire a standard of language beyond the mundane.

It is these extra curricula disciplines which will be the making or breaking of Psychiatry, as a profession, in the future. People are no longer going to put up with jargon and loose thinking from men who are supposed to be treating the mind, and indirectly behaviour. "Mind foreruns all conditions, mind is chief, mindmade are they; if one speaks or acts with pure mind, because of that, happiness follows him, even as the wheel follows the hoof of the draught ox, even as the shadow that never leaves".

Yours faithfully,

OSWALD B. BALEAN.

Harcourt,
13 The Ridgeway,
Chatham, Kent.

SIR,—Your correspondent is mistaken in supposing that Guy's regards Psychiatry as an unscientific, unwelcome intrusion into its work and he is presumably unaware that Psychiatry at Guy's has a long and honoured history. The kind of misapprehension of Psychiatry declared in your correspondent's letter is one sort of view which I hoped my article might help to correct. I regret that this hope has clearly not been realised.

Yours faithfully,

J. P. WATSON.

Department of Psychiatry,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Dr. David Stafford-Clark

SIR,—How pleasant it was to read the letter of T. L. T. Lewis in the current *Gazette*. I suspect that many Guy's men had speculated as to what had befallen Stafford-Clark and his wife, particularly as the notice of his change of address to Cyprus, had appeared in your pages at the same time as the invasion news had broken.

To many of us Stafford-Clark is only a name but the TV media somehow made him belong to our Guy's family more than ever, and I for one was relieved to hear that all was well, even if they are displaced persons.

Yours faithfully,

S. N. TINKLER (1929-33).

Kyle House,
71 Lichfield Street,
Walsall, WS4 2BY, Staffordshire.

Student Book Reviews

SIR,—Surely the purpose of reviewing a new book in the *Gazette* is to present to its readers an opinion on its merits by an authority in the field concerned?

We were surprised to see in last month's *Gazette* two reviews by first-year clinical students. Moreover, since the reviews were merely initialled, it was not clear who had written them. Perhaps if students are to write reviews this fact might be acknowledged by the name and status of the author, so that readers may appreciate the validity of the views expressed.

Yours faithfully,

STEPHEN OLCZAK,

JOHN WILLIAMSON.
Medical Students.

c/o East Wing.

Editor's Reply

I thank you for your open letter and I openly agree with you. However, even though most of the books are quite rightly reviewed by "authorities in the field concerned", I think that certain books aimed particularly at medical students should be reviewed by medical students. Although, as you quite rightly imply, student criticism of scientific content is not as valid as that by "authorities", student revews in a student journal are indeed valuable as the reviewer can appreciate and judge such qualities as readability, presentation and content clarity. Other medical journals contain book reviews only by "authorities" whilst student magazines generally publish respected and reliable student opinions. The *Gazette* has always published both and allows the author to sign himself as he wishes.

BOOK REVIEWS

"The Peripheral Blood Film", 2nd Edn., by T. A. Harper. Pp. 309. Price £5.00. Illustrated. Butterworths, London.

The red cell indices given by a routine blood count are no more than mean values; they can give no indication of the degree of variation round those means nor of the many morphological abnormalities that may be present in both red cells and white cells. The examination of a well-prepared blood film remains essential to fill these gaps. This book sets out to achieve two things: firstly to identify and describe both the quantitative and qualitative abnormalities that may be encountered in the routine examination of a film, and secondly, to give a guide to the clinical significance of these abnormalities. These aims are admirable but, with regret, it must be stated that the book falls short of achieving either.

The examination of the peripheral blood film is a visual art, and no amount of descriptive detail can replace the practical experience of regular microscopy. Only someone with this practical experience could appreciate the descriptive material in this book and, for him, most of it would be superfluous. For those just starting to explore the field of microscopy the guidance of an experienced colleague is the best aid, though this book might play some part as a supplement. It does not pretend to be an atlas but the few monochrome photographs included are of poor quality and add little to the text.

The crux of the subject lies in making the correct inference from the film appearance and proceeding from there to rational investigation and treatment. Much of this book is devoted to lists of differential diagnosis and to lists of investigations that might follow each particular film observation. These lists are exhaustive and without emphasis; they include virtually every condition that has ever been recorded as the cause of each abnormality, however rarely, and every investigation that might conceivably be performed at a post-graduate institution with money and time to spare. They cannot be regarded as practical guides to rational investigation and diagnosis.

This book was not intended for students and could not be recommended to them, even if it did not cost five pounds.

P. J. Black.

"Monographs on Oncology—The Chest" by Thomas J. Deeley. Price £2.25. Illustrated. Butterworths, London.

This book, which deals with oncological diseases affecting the chest is the first in a new series of monographs on oncology. Lung cancer is the most important tumour occurring within the thorax and quite properly the book is devoted mainly to this tumour. It starts, however, with an introduction to oncology in general and attempts to put into perspective the many diverse aspects of this specialty.

The section on lung cancer begins with a note on the rising incidence of this disease and is followed by discussion on aetiological factors. Unfortunately the major work in this field has not been referred to. Symptomatology is dealt with in a disorganised way and the many non-metastatic ectopic endocrine syndromes are given only a cursory mention. A well-balanced and informative account of the diagnosis of lung cancer is given.

The surgical and radiotherapeutic approaches to the treatment of lung cancer are discussed in considerable detail, particularly the technical details of radiotherapy, reflecting the author's main interest. The results of treating this tumour are on the whole extremely poor and one must look to new modalities of treatment to try and improve these. In this context, chemotherapy and its potential are given little attention. It is probable, however, that future progress in dealing with the lung cancer problem will come from efforts directed at prevention rather than treatment of the established tumour and this point is made by the author.

There is a section on secondary deposits in the lungs but considering its importance a rather inadequate coverage is given. No mention is made of the use of monitoring pulmonary deposits in the assessment of the responses to treatment of other malignancies which have metastasised to the lungs. A brief mention is also given of other tumours that appear in the mediastinum and also of mesotheliomas.

It would have been preferable if a monograph on oncology dealing with the chest had covered a wider and better-balanced field. This book is compact and the illustrations are of good quality but it is unlikely that it will appeal to a large audience.

R. D. Rubens.

"A Practical Handbook of Psychiatry for Students and Nurses" by Louis Minski, M.D., F.R.C.P., D.R.M., 6th Edition. Pp. 123. Price £1.25. Published by William Heinemann, Medical Books Ltd.

This concise, handy-sized, little book, first published in 1946 covers a wide field and I found it easy to read.

The first part of the book is concerned with the development of the individual (including a chapter on Child Psychiatry), aetiology, classification (according to Meyer), and symptomatology of mental illness. All these aspects are described simply and with clarity.

Care, management and treatment of patients suffering from mental illness is the theme of the latter part of the book, and here the orientation is predominantly physical. The chapter on Nursing and General Management discusses tube feeding, room searching, displays of force to subdue violence, hydrotherapy and sedation, but refrains from mentioning nurse-patient relationships. In the following chapters on Specialised forms of treatment "straight" E.C.T. is described in graphic detail which includes the necessary applications of the appropriate mechanical and physical restraints to safeguard the limbs and vertebral column. Brief mention is made of the use of pentothal and scoline in such patients as may be considered to be particularly at risk in terms of susceptibility to fractures. Likewise insulin coma treatment for schizophrenia and malarial treatment for General Paralysis of the Insane are vividly described, whilst various other physical treatments (including electronarcosis therapy) receive full attention. Reference to appropriate chemotherapy is made throughout the book.

Psychological methods of treatment (including one paragraph on Behaviour Therapy), Occupational Therapy, Rehabilitation and Legal Aspects receive scant attention. The final page introduces the concept of Community Care.

In summary I feel that this latest edition of this brief book whilst fulfilling a useful function, pays a disproportionate amount of attention to old-fashioned and largely discredited forms of treatment (which are of more historical interest than of practical value), and tends to underestimate or ignore many currently used methods of care and treatment available to patients in hospital and at home.

Ann V. Moss.

"Bailliere's Nurses Dictionary", 18th Edn. Barbara F. Cape & Pamela Dobson. Pp. 712. Fully illustrated. Price 70p. Bailliere Tindall, London.

This well established publication has now reached its eighteenth edition having been in existence for over sixty years. For many nurses in training, it has proved to be an invaluable asset when a definition is required without delay, since its size ensures that it may be carried very easily.

The authorship has changed with the new edition, and many additional facts and considerable revisions have been included. The diagrams are, for the most part, very clear and the photographs are extremely helpful.

The appendices have benefited by the inclusion of several new items particularly the one concerned with dietics.

This publication is now, and has for many years been a standard recommendation in the book list of a large number of training schools, and one would imagine that it is destined to remain so.

Pamela M. Jefferies.

"Anatomy and Physiology for Nurses and Students of Human Biology", 5th Edn., by W. Gordon Sears & R. S. Winwood. Price £1.50 paper, £3.50 cloth. Illustrated. Edward Arnold.

This publication is one which has established itself as a basic textbook for nurses in training. The choice of a textbook is of course a highly personal one and is dependent on the appeal of the format and presentation of information, to the individual, but it would seem that from the evidence of past sales, this book proves satisfactory to many.

The use of colour in this edition has greatly improved the clarity of many of the diagrams, which are set amidst a text which is both clear, and by the style of presentation, easily read.

For the nurse studying for a basic qualification, this book provides information which is adequate, and is presented in an uncomplicated manner. The nurse who wishes to gain a deeper knowledge however, would need to resort to text which gives more thorough explanations.

Pamela M. Jefferies.

SPORT

Sports Commentary

Rudolf the Red-Nosed Reindeer is having his annual "say" as are the hundreds of Santa Clauses; a picture of John Conteh in the National Press showed him with a "Mother Christmas" heralding perhaps the final subordination of the male sex; the period of expanding waist-lines is about to begin, a definite sign of possibly the most important religious festival of the year. But what of the Sportsmen? The professional footballers have limited time for merry-making, but in good Guy's tradition, most of us will be forgetting sport for the Christmas period and will only have memories of the first half of the season. According to various unconfirmed reports, the Ladies' Boat Club seem to have the majority of their crews falling into the water at one time or another and those with searching minds might well ask if this explains the recent bursting of the banks of the Thames. Their male counterparts appear to have their stabilisers better positioned as was demonstrated by their recent excellent performance in the U.H. regatta when they won five of the eight events, the other three being unequally divided between St. Thomas's (2) and Royal Veterinary College. Regrettably this success did not extend to the U.L. Winter VIIIs which had been held a few weeks before. The Squash Club has enjoyed a good first half of the season but there have been several disappointing results. The main competition, the Cumberland Cup, has seen three Guy's wins out of seven matches. Two of the losses were exceptionally disappointing, almost unexpected, and in another of the remaining two, four of the five players lost in the deciding game. In the U.L. league, all three teams have held their own and a large number of people have been playing competitive squash. The tragedy of the Rugby 1st XV continues—it seems that the ingredients are all there and 1975 might just

bring the spark to make things click. The Artists XV, however, are enjoying themselves—with three wins, a draw and four losses (and most of those losses against Club 3rd XVs), they are the only team to have a more-or-less even record. The Soccer Club had less success in the first round of the U.L.U. Cup than they had in the U.H. Cup when they conceded six goals against Goldsmith's College. Success also evaded the Hockey Club 1st XI in their Truman league match against Reed's when they lost 3-2 and had the better of the game. Sadly the 2nd XI are still trying to find the net this season, but the happy-go-lucky 3rd XI are having some close games with most recently a 2-2 draw at Bexleyheath. Apparently there was some blatant ignoring of the rules culminating in Guy's advantage, but Bexleyheath were lucky to score and saved the match right at the end.

On reflection, people seem to be enjoying their sport, but in some clubs there is bound to be some disappointment with the way things have gone during the Autumn. To all the clubs where success has been hard to come by, Terry Gibson mentioned of the Rugby Club that there had been phases where defeat followed defeat, but that good results had come either in the same or subsequent season as a result of determination. There is no reason why it should not happen again.

Team Selection

Team selection is one of those hush-hush subjects that only team selectors can feel free to discuss and even then it is behind closed doors. The principle of selection has long rested with the club officials but it is only relatively recently that the system has caused unrest both on and off the sporting arenas of some of the traditionally strong and renowned Guy's clubs. Too often the *Gazette* readers are given the impression that all is well on the Guy's sporting front—that success and harmony prevail, but this is not the case. The Rugby, Soccer and Hockey Clubs (and these are just the tip of the iceberg) are at a low moral ebb and their performances more than disappointing. The blatant decline has been apparent for some time and although club captains despair at the existing apathy, the decrease in sporting talent entering the schools and such constant problems as on-duty hours and injury, it is they who must be held ultimately responsible for the miserable results and decadence that are destroying the famous clubs.

Of course, not all the clubs are guilty and indeed some are positively flourishing in spite of this (e.g. the Boat Club) but when one sees and hears members of the 1st XV anticipating 30 or 40 point massacres before each match and complaining about player mismanagement, one wonders whether next season the club can maintain its present first-class fixtures. Young players leave the Rugby Club disillusioned by the obvious exclusiveness of the higher teams, especially when certain senior players know that their place in the team is safe even when they do not attend training sessions.

The Soccer Club remains somewhat of an enigma. It is particularly exclusive and the selectors are to be criticised for this. They may claim that they try to be fair and give everyone a chance but being fairer to some and giving less chances to others is not playing the game.

Perhaps the best example of prejudice, mismanagement and irresponsibility in team selection is the Hockey Club. Its acute disintegration seriously threatens future survival and its performances merely illustrate this. Whereas only last season it was a respected competitor in the Cup Competitions and also gained promotion in the Truman League, it has already been knocked out early from the U.L. Cup and even failed to qualify in the U.L. six-a-side competition. Results in the League may be appropriately described as embarrassing and prospects in the imminent U H Cup are gloomy. It is not that a large number of players have qualified and left the hospital but that the team selectors have, through their unworthy actions, encouraged many players of all standards to leave the club and even give up the sport that they for so long enjoyed. A great deal could be said about this but one example will suffice. The simultaneous posting of two team lists for successive matches is

disheartening to some players. This means that if one is selected only for the first match, selection on merit for the second is impossible. In fact the player is being used and then discarded and eventually he may see that any efforts for the club are pointless and wasted. The consequences are grave.

Without appearing to sound like a prophet of doom, it seems that malpractices regarding team selection may gradually erode these formerly great clubs that have been a credit to the name of the Hospital. The recent decay in the sporting clubs' performances and happiness can progress unless the team captains and their officials recognise their duties not only to the club and the club-members but also to the Hospital. Even if the club cannot get good results they must, at least, try to keep the club happy as this is an important facet of sport and, moreover, student life. A club cannot exist without its players, and the decline in such clubs will be swift and the fall mighty unless the failing faith of their support is remedied. C.E.H.

RUGBY

Guy's 1st XV 8 vs. Old Merchant Taylors 23

16th November, Croxley Green.

Despite the heavy rain of the preceding days, the game was played on a relatively dry pitch and conditions seemed ideal for a fast open display. There were indeed some flashes of hard running by both sides but too much kicking spoiled the impression and suggested a scarcity of ideas.

The opening minutes were disastrous for Guy's. Playing with fourteen men, due to the late arrival of a forward, the hospital conceded ten points in as many minutes. Sloppy covering and poor concentration allowed O.M.T. to score two simple tries. After that it was an uphill struggle but Guy's came back into the game, so much so that the final result must have been in doubt until the closing minutes. Exactly why Guy's failed to score more points is difficult to analyse. They certainly won a lot of ball from the set pieces although it was not always well controlled. Keevil jumped well in the line-outs and stole the ball from the opposition several times but poor blocking by the other forwards often allowed the O.M.T. pack to rampage through the gaps. Under the circumstances, Laws as scrum-half played a sound game and made few mistakes. The return of West at outside-half strengthened the backs and he made several breaks that started attacking moves which should have resulted in more tries. Price, on the wing, lent experience and despite his lack of peak fitness he managed to set an example by direct running and was responsible for Guy's two tries.

For one fifteen-minute period in the second half Guy's came alive and seemed totally in control, but still the points did not come. With the score standing at 8—14, it seemed that the hospital might easily make up the deficit but then a successful penalty kick from a difficult angle increased the O.M.T. lead. The final try resulted from some very poor defensive work by Guy's during which Portelly was left to contend with three opponents.

On the whole it was a disappointing result and Guy's lost because they failed to seize their chances and committed some gross errors that allowed the opposition to score some very easy points.

Team : J. Harker (capt.), A. Portelly, P. Emery, M. Broughton, J. Price, S. West, A. Laws, R. Massey, T. Gibson, C. Howell, J. Rooke, B. Keevil, J. Brazier, P. Loxton, M. Portelly. T.G.

Guy's 1st XV 9 vs. Mountain Ash 23

At Mountain Ash Saturday, 30th November, 1974.

The pattern of this game assumed a sorry familiarity in the opening moments. Playing against a strong wind Guy's were pushed into their own half and two tries followed in rapid succession. Neither was well deserved and were the consequence of timid tackling by Guy's. Despite this early set-back the hospital side revived and every now and then seemed poised to score. The forwards played well enough to win a major portion of the possession, particularly from the lineouts where Keevil excelled and Massey provided support. However, beyond the pack it was very much as before.

Campbell had the distinction of playing as the seventh scrum-half of the season and although providing a useful service for Moore, he was often not sufficiently experienced in that position to evade the marauding opposition. Mountain Ash revelled in spoiling and toward the end of the second half pounced on Guy's mistakes to score two more tries and a penalty.

The second half was more heartening. Now playing with the wind Guy's found it much easier to take the offensive and there was some good running by Emery. The backs as a whole displayed a tendency to drop vital passes and so spoiled at least two potential scores. An orthodox movement eventually secured a try for Francis on the wing. The conversion put Guy's into a position where they might have retrieved the game but for some excellent counter-attacking moves by the opposition successfully disrupted any sustained pressure by Guy's. Moore completed Guy's total by kicking a penalty but the final result was achieved in the last minutes of the match when Guy's failed to ground a kick-ahead and conceded an easy try to a more determined Mountain Ash.

Team : J. Harker (Capt.), G. Francis, A. Portelly, P. Emery, C. Jackson, R. Moore, A. Campbell, J. Rooke, P. Loxton, L. Hughes, B. Keevil, J. Fitzgerald-Frazer, R. Massey, T. Gibson, J. Brazier.

Guy's 2nd XV 12 vs. London Irish 30

9th November, 1974. At H.O.P.

Satisfaction with the team spirit displayed, overshadowed any despondency at the score line; both captain and coach expressed confidence in the players' ability to improve their performance.

The first drama of the game was when Guy's tight-head prop, Chris Bates, left the field after eight minutes with a dislocated patella. Thereafter, what possession there was obtained from the scrum was gained on the retreat. Outside-half Chris McLauchlan opened the scoring with a well-judged thirty-yard penalty which struck the cross-bar en route. A dubious goal scored by the Irish in the thirteenth minute may have proved crucial to the result as it appeared that their centre had transgressed a part of Law 26 during the three-quarters' play. Swift transference from a tapped penalty five yards out enabled the Irish backs to fashion a second goal in the twenty-eighth minute to bring the score to 3—12. Quick possession from a maul led to an Irish try just before half-time.

A badly split lip resulted in prop Eugene Wheelwright's removal from the field for five minutes early in the second half. Strangely, it was Guy's who scored during his absence with another McLauchlan 30-yard penalty. For the next twenty minutes the issue was hotly contested, but it was London Irish who broke the deadlock with a twenty-two yard penalty. Six minutes later, a fine try by McLauchlan brought fervent hope to the home supporters. The Irish gained possession from a set scrum just outside their "25"—their outside-half dropped the ball, McLauchlan pounced, evaded a tackle and scored half-way out on the left. However, within three minutes, the Irish hit back with a decisive try to make the score 23—12 in their favour and the remaining penalty and push-over try they scored were purely academic.

Team : D. Gill, S. West, C. Jackson, A. Weston, S. Watson, C. McLauchlan, G. Francis, I. Wheelwright, F. Mendl, C. Bates, K. Foote, B. Keevil, D. Webb, M. Harrison, W. Whitby.

J. Arwyn Jones.

HOCKEY

Guy's 2nd XI 0 vs. Old Southendians 2nd XI 4

At H.O.P. Saturday, 5th October, 1974.

The 1974-75 season opened with Barrie Price still securing his pads and kickers to his body in the changing room—late again! Despite the amorphous nature of the side, Guy's started in spirited fashion with their newly-formed forward trio of Mike Houghton, Angus Kingon and Nigel Jones, who worked well together on a muddy field. Much of the first half took place in Guy's

territory and only thanks to some bulldozing play by full-backs John "Desert Boots" Fewster and Pete Hodgkinson did the score remain level until nearly half-time. After some precarious defensive play and several near misses, one of the many short corners was converted by a Southend forward. A penalty-flick to Southend made it 2—0 by half-time.

Guy's started the second half strongly with a period of midfield domination but sadly those who had missed the work-out the previous Wednesday (i.e., all except Steve Blowers and the Captain) became increasingly dyspnoeic, and as the Guy's machine began to collapse the home side conceded a further two goals. In the latter stages of the game the action was largely restricted to the Guy's "D". Three penalty flicks were awarded to Southend due to a revised rule strictly enforced by umpire Hunter-Craig necessitating flicks to be given for calculated fouls in the "D". Barrie Price saved all three of these shots for which he received great credit. It may truly be said that his jug of ale was eminently deserved and much appreciated by his team-mates.

Team : Price, Hodgkinson, Fewster, Vallis, Cole, Greaves, Rowlands, Kingon, Houghton, Jones, Blowers.

Footnote : John Fewster recently bought some hockey boots but says he lost them, and was compelled to return to wearing Desert Boots. D.J.C.

Guy's 3rd XI 1 vs. Oxted 4th XI 2

At Oxted Saturday, 30th November, 1974.

Friday, 29th November, was an exceptional evening. Members of the 3rds were to be found in every corner of London celebrating the end of another week and toasting success the following day. This is, indeed, the only explanation as to why, the next day, just two players were in the East Wing at 1.10 p.m. when the whole team should have left at 12.30 p.m. Due to fine efforts manning the telephone by Mr. G. B. Harm, the team, all five of us, gradually rolled in, then rolled out in Chris Woods' Daimler (Oh yes! we 3rds at least have style). The target pitch was to be found in deepest, darkest Oxted. Arriving half-an-hour late, we just managed to catch two of the opposition who had given up and were going home to their telly. Luckily three more of the intrepid 3rds had actually made their own way to Oxted, and Steel, one our our niftiest strikers, had been roped in to play the first half of the 1st XI match. With repossession of Steel our strength was up to eight men. Oxted then lent us their 12th man, a dwarf of dubious ability. The game began in failing light and without an umpire. During the first half we were attacking uphill, reasoning that life would be easier when we could discard the axes, ropes and crampons for the second half. However the mud proved to be the most limiting factor which frankly cramped the style of players like Crozier who, due to the weight of adherent mud, used his feet a lot less than normal. Smith, our fearless two-hatted leader, bravely volunteered to play kicking back because of acute lack of goalkeeper.

The first goal went to Oxted. I can only say, in fairness, that I have seen better goals. Their left winger evaded Bennetts and found himself in a perfect position. His ideally placed feet (on the end of his legs) gave him the balance required to make an excellent swing, sending the ball flying past Smith into the upper right corner of the net. All in all, a fairly average sort of goal. Lucky for him that Tewater wasn't playing—he might have ended up messy. Not long afterwards, 3rds equalised with, from my only slightly biased viewpoint, a goal staggering in its excellence. Chris Woods, who used to live very close to Cranston Road, picked up the ball on the half-way line. He ran up the hill towards their goal, beating their left-back on the way. There was only the goalkeeper left. Drawing him out of the goalmouth, Woods subtly slipped the spinning spheroid superbly past the stupified sentinel. It was there! A veritable candidate for the *Gazette's* Goal of the Season Award. Woods, having collided with the goalie, was heard to say "Where's the ball, then?" This enforced modesty should stand as an example to us all.

The second half did not actually go as anticipated. Oxted slotted in their second nondescript goal which, as you may imagine, isn't worth mentioning so I won't. The end eventually came when it was too dark to see properly, the 1st XI game having finished much earlier. Thus it was, that in spite of being two men down and without a goalkeeper, the glorious 3rds went down 2—1.

Much was the merrymaking which ensued.

Team : W. Smith, R. Steel, W. Crozier, M. Bennetts, C. Woods, G. B. Harm, P. Kaspar, 2. H. Smith; one of theirs.

W.C.C., B.B.B., C.R.

Spirochaetes

Sadly, Sunday hockey at Guy's has barely existed during the first half of the season. Of the six matches arranged, three have been cancelled due to water-logged pitches. The three played were against the Freshers (Drawn 1—1), Polytechnic (Lost 2—4) and Old Tauntonians (Lost 0—3). There are six more games before Easter which have all been confirmed, so only the weather should stand between Guy's and social hockey in early 1975.

A.M.K

LADIES' BOAT CLUB

To prove to the world that we were not the Boat Club's answer to mother-in-law jokes, the Ladies' Boat Club decided to enter College and Novice IV's in the Ladies' U.H. Winter IV's Regatta.

The College IV were beating Royal Holloway College when unfortunately one of the crew parted company with her seat and the boat was forced to grind to a halt!

The Novice IV was unfortunate too. Their race scheduled for 11.30 a.m. did not take place until 1 p.m. and they spent the time rowing up and down the river. Although they made a good start they fell back to finish 4th. Not our finest hour! However, we have some promising new rowers and I hope they will continue to be enthusiastic next term.

Special thanks must go to Liz Brownbridge and Claudia Roe for their unfailing support, to Pete Rosie for his patience in coaching us and Mike Browne for very kindly coxing us at the last minute when pleas to all other coxes had gone unheeded.

College IV : Claudia Roe, Sue Higgs, Sandie Grant, Liz Brownbridge (stroke).

Novice IV : Pia Birch, Lois Brereton, Sue Arthur, Sarah Hands (stroke).

JENNY LOCH.

BLUES AWARDS

At a recent meeting of the Blues Committee the following awards were made :

Athletics Club :	Full Blue—Mr. C. McLaughlan Half Blue—Mr. S. Caley
Cricket Club :	Full Blue—Mr. A. Davies Half Blue—Mr. P. Kay
Golf Club :	Full Blue—Mr. C. Grant Half Blue—Mr. D. Evans
Ladies' Tennis Club :	Half Blues—Miss P. White Miss A. Rothman Miss M. Long Miss L. Broughton

Distalgesic wipes out pain

over and over and over again

DISTALGESIC™
tablets contain 32.5 mg
Dextropropoxyphene
Hydrochloride BP
with 325 mg Paracetamol BP

DISTALGESIC soluble
tablets contain 50 mg
Dextropropoxyphene
Napsylate BP
with 325 mg Paracetamol BP

Further information available on request. Dista Products Limited, Speke, Liverpool, L24 9LN
Distalgesic is a trade mark P2072/NOV72

Christmas Peace

Cold stabs the night and the darkness – coated air
Hangs from the celestial dome. No life, no creature dare
Replace the silence, ever-present in the naked night.
In skies that hold no refuge for the dying earthly light – a
Star! One brilliance and one Godly power combine,
To shine on harboured heaven, a stall become a shrine.
Mary tends her new-born son, now cradled in sweet hay
A child, whose death – a sword, to pierce her heart one day.
Still silence shields the sacred stall, with holy new communion

Peace is born as Jesus Christ, as God, as man, as union.
Even as this child now sleeps, the seraphs voices ring
And hope survives for all mankind, a Saviour new – a King!
Come, all nations of the world, adore this humble one,
Emmanuel is born to you, redemption has been won.

Eugene J. Hughes
(1st year B.M.S.)

FROM OUR SPECIAL CORRESPONDENT

In view of the GMC's plan to introduce in June 1975 a test of liguistic ability, professional knowledge and competence as a pre-requisite for overseas doctors seeking temporary registration in the UK (B.M.J., 1974, **4**, 601), the Department has decided to send a team of investigators on a fact finding mission to all countries which might be involved.

This team is being led by SIR VICAL SMEAR, who is well known to *Gazette* readers for his helpful series of articles for students, note : "A catalogue of Medical Terms", which appeared in this edition last year. He is being assisted by LORD OSIS, intrepid explorer, well known for his back breaking work in the head regions of the Amazon; his monograph "Convex Curves, a Mini guide to Necking-im-auto" is a minor classic and recommended to all rally drivers. The third member of the team is GENERAL OOZE, better known as the Butcher of Omentum; often mentioned in Post-Operative Dispatches, and record holder of the Urgent Cross Match Star with 2,584 pints.

Sir Vical has kindly offered to send us an exclusive interview during his travels and we are extremely fortunate to have received the following message from him (via GPO carrier Pigeon) :

"It gives me great pleasure to be able to report very favourable reaction and a sympathetic hearing to discussions held with our colleagues in Southwark, Smethwick, Ardgay, Rhum, Eigg and Muck, Mumbles and Ardnacrusha. However, our British Rail Cheap Day excursion ticket has now expired and we have been stranded at Croydon Airport for two weeks since there seems to be some problem with our Imperial Airway Ticket. I shall report further when we reach India."

The following telephone message was received last month and recorded on our office wax cylinder phonograph :

"Hallo *Gazette*, Sir Vical here. Just to report that we have arrived in Baroda but no one appears to understand my Gujurati; things have certainly changed since the days of the Raj. Tomorrow we have our first interview . . ." The line then went dead.

Yesterday we heard again from Sir Vical and recorded the following interview :

Sir Vical : "Now, Minister, we have introduced ourselves and explained our mission, have you any comments?"

A : "Balls."

Sir Vical : "Pardon"

A : "Balls, like dem things dat your Sir Fanny Drake played with on de Plymouth Yo Ho Ho, when dat Spanish Armada Cream was sailing up de Channel in de wooden Bodegas, like dat Orson de Tunbridge Wells always talkin' about on de TV."

Sir Vical : "Those were Bowls, Minister."

A.: "Dat's wot I said man. It means to any edumincated man dat I needs time for de old grey matter to tick over de proposals. Hey, are you paying for de call or me?"

Sir Vical : "Well, General, the Minister wants to be certain that your Doctors are well qualified. For example do you have a College of Obstetrics and Gynaecology here?"

A : "Wot do we need dem college for, de people ain't stupid, dey can manage at home by demselves, dey don't need any edumincation like de Family Planning Clinics, give you."

Sir Vical : "Well, do you have the equivalent of MRCOG or FRCOG, for example?"

A : "Look, I'm not interested in de small people like dem Mr Cogs or dem religious Father Cogs; I am de only big Cog around here and no one's going to put de spoke in my spanner or try and square the wheel up my pitch."

Sir Vical : "Now General, can I have your assurance . . ."

Sir Vical : "You are, Min . . ."

The line went dead immediately.

Six hours later we were re-connected.

Sir Vical : "Minister, why do I have to speak to that Elephant?"

A : "Well, man, dat's a trunk call youse-a making to your Department."

Sir Vical : "Our Minister is particularly concerned about the qualifications of your Doctors. She is not happy . . ."

A. "Wot you mean, man, you got a woman as de Prime Minister; wot yer done with dat old Loid George dat everyone's father knew, ain't he de King Minister? Now I know dat de only big cheese woman was King Victoria and she gone on to dat big Osborne House in de sky, Lord rest de Empire Tooting."

Sir Vical : "No, Minister, I mean the Secretary of State, Department of Health and Social Security, Mrs Castle."

A : "So where is she a-hanging out? Not in de Downing Street, or next door in de Upping Street?"

Sir Vical : "No, she lives at the Elephant and Castle."

A : "She must be some woman, if she already got de place named after her."

Sir Vical : "No, No, No; the place gets its name from a corruption of Infanta of Castille."

A : "So you got de funny-hand-in-de-till man business in de Elephant and Castle, I suppose you'd call it de skin-graft."

Sir Vical : "No, well, ah, um, other people say it gets its name from the crest of Bombay, here in India."

A : "Wot you mean to bring dem Indians back here into dis private conversation of mine. I sent all de Indians to England last year, I ain't got any more, some of dem shop-keepers would make good doctors, dey had the finger in my till long enough."

Sir Vical : "Not in India? Where are we then for Gawd's sake Ooze?"

General : "Some tiffin walla down the corridor told me we are in East Africa."

A : "Yes man, and I is de President, not de Minister."

Sir Vical : "Well, Mr. President. . . ."

A : "General."

A : "Look here, Sir Vitals, you can't use de big titled geezer tactics on me. How do I know youse not some sabatage group from dem Indians you bin keen to bring into my conversation; after all you brought dat General Custurd with you. Probably got be gun boat on my Lake Idi out dere."

Sir Vical : "This gentleman is General Ooze."

A : "Well dats de same thing; de English custurd is always oozing, like in de spit."

Sir Vical : "My name is Vical Smear; I have brought our credentials with me."

A : "I sure hope you both got de testimonials man, . . ."

At this point the wax cylinder on our phonograph melted owing to the temperature of the current economic situation.

100 Years Ago

Christmas in the Wards

Christmas in the wards passed off this year in the usual joyous manner.

The patients were all supplied with a dinner of roast beef and plum-pudding provided by the Governors of the hospital, followed by dessert supplied by the students, the fund for which amounted to £22 12s. 6d., about 9d. per bed.

In the male wards smoking was permitted by all of the sisters, and, we believe, that this boon was valued at least as highly as any of the luxuries. In the evening the convalescent patients gathered round the tables and sang songs and having thoroughly tired themselves, finished the day with a sumptuous supper.

The decorations in many of the wards showed excellent taste, and did great credit to the nurses who worked very hard to make them look beautiful. It seems invidious to mention any particular wards when all looked so nice, but Clinical, Luke and Martha struck us as being the most elegant.

Many of the physicians and surgeons cheered the hearts of their patients with seasonable gifts among which we noticed a great number of toys for the children, and in one of the wards there was a gorgeous Christmas tree.

We must not omit to mention the decorations of the Chapel, which deserve all praise. It is rarely fallen to our lot to see Church decorations done so prettily or in so good a taste. The highest praise is due to the ladies who we understood were principally engaged in them.

If you've taken your 2nd MB–

strike a bargain with the RAF.

You get over £2000 a year in your last three years as a medical student; with all fees paid. In return, you practise for 5 years in the RAF on completion of your house appointments.

This is how it works. You apply for a 'Medical Cadetship'. If you are accepted, you are given an RAF commission as a Pilot Officer, and paid as such. Apart from this you live and work like any other medical student.

When you start your pre-Registration year you are promoted to Flying Officer. When you take up your first RAF appointment you do so in the rank of Flight Lieutenant. It is from this point that the five years are reckoned.

In RAF practice, you'd probably be a junior Medical Officer at a Station; one of two doctors with, between you, 2000 to 3000 people to take care of, and your own fully equipped Medical Centre with secretarial as well as nursing staff. Part of your time you might well spend abroad.

At the end of five years, if you want to return to civil life, you 'retire' with a tax-free honorarium of at least £1500 to £3000 (depending on the length of your cadetship). If you want to stay on in the RAF for a full and satisfying professional career you can apply and may be selected for a permanent commission at any time after two years' service as a Flight Lieutenant.

For more information visit your nearest RAF Careers Information Office – address in 'phone book – or write, giving age, nationality, and details of medical training (including expected date of graduation) to:

Air Vice-Marshal J. Clarke-Taylor, CB, OBE, BSc, MB, ChB, DPH, DIH, RAF (Ret'd),
RAF Institute of Health and Medical Training (26KR1),
Halton, Aylesbury,
Bucks, HP22 5PG.

RAF officer
DOCTOR

WHO SAID IT ?

Which famous people said :

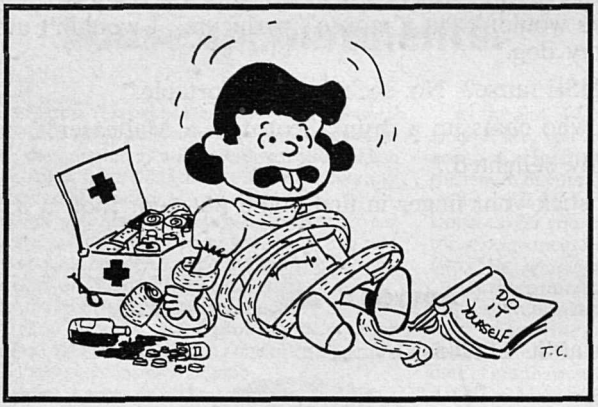
1. "Can't you tell the difference between Kung Fu and normal intercourse?"
2. "Medicine is a Dying Industry."
3. "She was cured donkey's years ago."
4. "There is no truth in the rumour that I hold the Olympic 500 ml. L. Ventricle Record."
5. "I thought that VE stood for Victory in Europe."
6. ". . . Phlegmon—it's such a lovely word!"
7. "This is just to show that everything is going up" (slide showing incidence of S.T.D.s).
8. At Christmas we're having a five-course meal : breakfast, lunch, tea, supper and midnight feast."
9. "I feel another contraption coming!"
10. "These scissors wouldn't cut a mouse's perineum. I wouldn't use this pair on my dog."
11. "Is she a COHSE nurse? No, she's just comfortable."
12. "Is a woman who chats up a drunk Scotsman a Malteaser?"
13. "Patient is fully delighted."
14. "If you don't stick your finger in first you'll put your foot in it."

Answers :

1. Dr. Sh*u (now at St. Thomas's).
2. Gerry L*nley.
3. Patient in Dr. Kn*ght's clinic.
4. Mr. Y*tes.
5. "Mature" Obstetrics Dresser, occasional news editor.
6. Mr. J. D. M*yn*rd.
7. No, not the GPO, Dr. Gr*mble.
8. Overheard on Children's Ward: little Brenda to Stuart.
9. Obese patient in labour.
10. Mr. St*fford-B*ll.
11. Greg Earnshaw to Pete Earnshaw, or v.v.
12. Attributed to the Dean, but possibly originating from Mr. O'Fly*n.
13. Sister Ch*n (Delivery Ward).
14. Dr. C. L. Jo*ner when discussing sigmoidoscopy.

"WHAT THE PAPERS SAID"

"Kidney Boy Bounces back. He's full of beans . . "



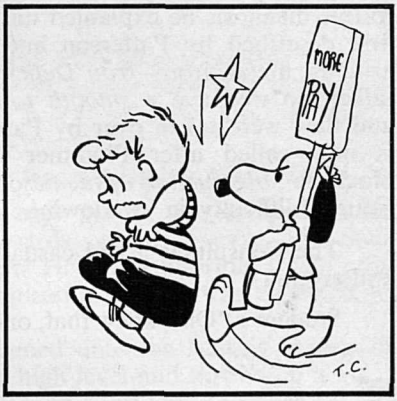
"Be your own GP, plan for patients. Guinea-pig patients are to be issued with a do-it-yourself doctoring manual to treat minor illnesses themselves."

"C.D.'s lucky number is Three. For his pregnant wife went into hospital to have twins, and came out with triplets and a new council home."

"A surgeon who cuts out lunch."

"There is no longer a single key to diabetes and in its place researchers are faced with an enormous jig-saw puzzle."

"Nurses strike hits harder."



A POT-POURRI OF MEDICAL IRRELEVANCIA :
by the Marihuana of Lebanon Gold ("H. C. Snow" M B Nepal, failed — but Man was I high)

1) Did Wharton invent Jelly-Tots?

2) Is the Conjoint Tendon Jane De*con's Surgical Achille's Tendon?

3) I was recently reminded of the following story : A very simple patient appears in Out-Patients without a letter from his GP; when asked by the Consultant, "Well now, my good man, what is troubling you?", the patient replied slowly, "My GP says I've got two neurones joined by a spirochaete".

4) Surgeon to HS : "What is wrong with this lady?"

HS : "She's got an Agro-lipoma."

Surgeon : "How do you know that?"

HS : "She says it's causing her a lot of bother."

5) The need for clarity in writing notes is illustrated by the following embarrassing moment for a Resident Obstetrician when confronted by the Consultant Dermatologist : "Your notes state that the patient has come in for 'warts resect^{n}'. In fact she has been admitted because she 'wants rest in hospital'."

6) The slowest event of the year must be the repair of the Pissoir in Hunt's House.

7) The Coca-Cola award offered by the FPA for original methods has been awarded to Mr. T*mk*ns*n.

8) A middle-aged female appears in OPD complaining of dysphagia. On examination she is found to have a smooth tongue and koilonychia, and a curious "web" of tissue which partially obstructs the upper part of the oesophagus. A rather quiet student suddenly pipes up, "Plummer-Vinson Syndrome, Sir". When questioned how he came to this diagnosis he explained his decision thus : "This syndrome was first described by Patterson and Kelly. Ned Kelly wore a suit of armour, metal, iron—*Iron Deficient Anaemia;* he was also a smooth talker, so we have a *smooth tongue.* Paterson merged with Carter and they were taken over by Pickfords, so that is why the syndrome is now called after Plummer-Vinson. Plummer, Plumber, pipes, blockage : *obstruction of the oesophagus.* Vinson, Vincent, Van Gogh, Cough, difficulty in swallowing : *dysphagia."*

The Consultant asked casually, "and how do you remember the koilonychia?"

Student : "Oh I knew that, once I had remembered the syndrome."

NUDES IN BRIEFS

Editor, Maida Bloomer

Cold in the Headset :

I understand from my Alderney correspondent that the telephone service is being used for more sinister purposes than mere verbal intercourse. One lady is at her Wit's End since she maintains that she got a cold when talking to her friend, Mrs. G., on the telephone. Mrs. G., who lives in Water Lane, admits she had a cold on the day in question. No birds have been sitting on the telephone lines recently since they have been very damp; Portland Research Establishment refused to comment by saying the customary "No Comment".

Hot Lips strikes again :

An Irishman was recently treated in Casualty with burnt lips. When questioned by the Casualty Officer he explained that he had tried to explode three ambulances by blowing up their exhaust pipes. This was not a political action, but a gesture against certain drivers who refused to give him a lift to the betting shop during the recent "hospital troubles".

Workers may sit on well-known figure :

I understand from my usual unreliable Parliamentary source that there is a rumour going around that certain influential people have approached Mr. Benn with a view to salvaging a certain enterprise currently floundering at Alexander Fleming House. Their proposal is, I understand, that the Secretary of State be nationalised; the Government would take a 100 per cent interest in any share, representatives from the TUC, COHSE, ASTMS, NALGO and the DHSS would sit on the Board. The GMC would be permitted to send one representative as observer, times permitting, appointed by Ivor Grudge, 57, of 23 Fringe Cuttings, Hairless-on-Chin, Middlesex.

The Secretary of State has been asked for a statement, naturally, and we have received the following reply on Government Property Paper. Having washed our hands of the whole matter as instructed we print the comment received :

"Big Elephant to Little Mouse : Why am I so very big and strong and you are so very small and weak?"

Our reply to this Thought from the Mao Clinic, must be :

"Small mouse to big elephant : Well, I have been very ill recently and you have tried to take away my bed from under me, but now I am getting stronger and won't take it lying down."

Review of the National Health Service Reorganisation Act, 1973 :

1st April, 1974, by some joker in high places, was decided as the day when the Regional Hospital Boards ceased to exist and their functions were taken over by the new Health Authorities. The only intelligible comment on the Reorganisation so far was reported to me recently as follows :

"The Reorganisation can be likened unto the Mating Habits of the Elephant; it takes place at a very high level and throws up a great deal of dust and any outcome takes a very long time to appear."

GUY'S CHRISTMAS DIARY

Friday, 20th December	
16.00 hours	Caleb and Diplock Dressers Tea & Ward decorations.
Monday, 23rd December	
16.00 hours	Ward decorations. Tea will be provided for all helpers.
Tuesday, 24th December	
16.00 hours	Ward decorations. Tea will be provided for all helpers.
Tuesday, 24th December	
(Christmas Eve) 23.30 hours	The Christmas Midnight Eucharist with Carols and Blessing of the Crib.
Wednesday, 25th December	
05.45 hours	Tea and biscuits in the Dining Room.
06.00 hours	Nurses' Carols in the wards.
07.00-07.40 hours	Breakfast in the Nurses' Home.
07.45 hours	Day Nurses on duty.
08.30 hours	Holy Communion in the Hospital Chapel.
10.30-11.00 hours	A Christmas Morning Service in the Hospital Chapel.
12.00 hours	Patients' Christmas Dinner.
13.00-14.00 hours	Nursing Staff and Resident Domestic Staff Christmas Dinner in the wards.
15.30-16.30 hours	Patients' and Staff tea in the wards.
19.30-20.30 hours	Nursing Staff supper in the wards. Transport will be arranged for nurses resident in the outlying Nurses' Homes. A notice will be posted giving details of Coach times and arrangements for meals.
Thursday, 26th December (Boxing Day)	
14.00-16.00 hours	Visitors' Tea.

Seasonal records selected by the "Gazette" Slipped Disc Jockey

"I ain't got no malabsorption" by Idiot Pat and the Steatorrhoeas." (Irish hit parade?)

"Conjugate me tonite" by Billy and the Rubins.

"Baby it's cold outside" by the Phenomenal Renaud and the Frigid Digits.

"Strawberry Fair" Gall Bladder with the Cholesterolling Stones.

Intermittently in the charts is Charcot with Hepatic Fever and Parkinson, with their duet version of "Shake, Rattle and Roll".

NOTICE

The Editor will take responsibility for articles of merit and humour in this Christmas Edition but complaints should be addressed to: Mr. Peter Tillman and Mr. Michael Bourne, News Editors, *Gazette* Office.

HOSPITAL INFORMATION

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY
November 1974 Final Examination

Miss J. E. Abraham
Miss P. F. Baron
Miss H. M. Bright
Mrs. R. E. Browse (Née Newton)
Mrs. A. C. Crocker (Née Dickens)
Miss E. A. Culshaw
Miss B. S. Dunster
Miss G. M. Finch
Miss V. Frampton
Mrs. L. M. Jackson (Née Parr)—Credit
Miss A. P. Messenger
Miss A. S. Pearson
Mrs. F. H. Whittingham (Née Jones)
Miss A. E. C. Winsor

CHANGES OF ADDRESS

M. W. M. Bridger, 38a Montserrat Road, Putney, London, S.W.15.

Mr. and Mrs. Adrian A. G. Thomson, 17 Hawthorn Way, Burpham, Guildford, Surrey. Tel. Guildford 76345.

Rev. E. R. Webb, 81 Greengate, Levens, Kendal, LA8 8NF.

PERSONAL

ASSOCIATE wanted, with a view to partnership. Three-surgery practice, Welling, Kent. Twelve miles from central London. Both principals are Guy's graduates. 101 High Street, Welling, Kent. Tel. 01-303 4545.

PARTNERSHIP OFFERED: Guy's three-surgery practice requires two partners to take over a one-third share of a fully equipped and staffed freehold practice. Five minutes M4, easy commuting Wye Valley and countryside. Box 1/10.

SKI IN THE PYRENEES—Studio flat, sleeps four, fully equipped, in the Principality of Andorra. £5 per day inclusive. Convenient to ski slopes. Free December and January. Details from D. B. O'Keeffe, East Wing, Guy's Hospital.

TWENTY MINUTES FROM GUY'S—Sydenham. Three-bedroom modern house on two floors in small terrace set well back in quiet road. Few minutes shops, station and buses. Bathroom, WC, Kitchen, Lounge/Diner, part flooring left, part CH (gas), integral garage, patio and garden. £15,900. Tel. 01-778 8586.

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st February, 1975. The Unit, which is housed in the Maudsley Hospital, serves Guy's, Bethlem Royal and Maudsley Hospitals and King's College Hospital. Applications giving details of experience and the names of two referees should be made by **13th December, 1974,** to the House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

REQUEST FOR RESEARCH ASSISTANCE

Student assistance is required in a research study of the variation of plasma lipid levels in selected, ambulant diabetic patients. After an appropriate training period and with the agreement of the Head of Department or Firm, the student will be assigned to a diabetic patient to accompany him or her for a six-hour period of normal daily activities. Food intake and physical activity will be systematically logged during this time and prearranged venous blood samples taken. No assistant will be asked to commit more than a total of 24 hours to the project. All expenses will be met and an honorarium paid.

Students interested in helping with this Study should write to Miss M. J. Whichelow, Unit for Metabolic Medicine, 4th floor, Hunt's House, Guy's, or contact Prof. H. Keen (extension 785).

This request for assistance is made with the approval of the Dean and School Council.

PAPERS BY GUY'S MEN

Macdonald, D. M. Thyroglossal Cysts and Fistulae. **International Journal of Oral Surgery,** 1974, **3,** 342-346.

Stafford-Clark, D. Concepts of Psychiatric Treatment. **The Encyclopaedia Britannica** (200th Anniversary Publication), 15th Edition, 1974.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

The Staff of the

"Guy's Hospital Gazette"

would like to take this opportunity

of wishing all our readers and all

the staff and patients of Guy's a

Merry Christmas

and a

Happy New Year